

Youth & Government

M A S S A C H U S E T T S

Name: _____

Delegation: _____

D.O.B: _____

Promotional Release:

I hereby grant consent to release photographs and/or video footage of myself to the Massachusetts Youth & Government Program, for commercial and art purposes in any medium of advertising, communication, publication that will promote YMCA programs and services, and/or recognition of participants. It is my understanding the YMCA is a non-profit organization.

Yes _____ No _____

Delegate Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Participation Release:

I hereby grant _____ permission to participate in the Massachusetts Youth & Government program including all pre-leg sessions, overnight conference, governor's ball and all other state wide events run by the Youth & Government management team.

Parent Signature: _____

Date: _____

Medical Release:

I understand that YMCA staffs are trained in the basics of first aid and I authorize them to give me first aid as needed. I hereby authorize the program to transport me to the nearest medical care facility and secure medical treatment necessary including hospitalization, anesthesia and surgery.

Emergency Contact Name and Relationship:

Emergency Phone Number:

_____ / _____ / _____

Day

Youth & Government

M A S S A C H U S E T T S

Evening

All

5). Medical Insurance Carrier and Policy Number OR (attach copy of card)

6). Do you have any physical restrictions, allergies, special dietary guidelines, or any other medical concerns/restrictions

7). Do you take any medications that will be needed during any Youth & Government event? Please list below with doses. All medications must be brought in original containers. Students are responsible for administering their own medications unless otherwise noted to the management team.

Delegate Signature: _____

Date: _____

Parent Signature: _____

Date: _____