

**Please complete this form before you go to the registration table!**

**SUMMER FIELD TRIP REGISTRATION FORM**

*-Must be completed and signed by parent/guardian for youth to attend program-*

Youth's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade (as of Fall '10) \_\_\_\_\_ School (as of Fall '10) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone (work)# \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

I give my child, \_\_\_\_\_, permission to participate in the YDA summer trips that are circled on the back of this form. I understand:

- \* **Supervision:** The program will be supervised by YDA staff, interns and volunteers.
- \* **Transportation:** My child will be transported by YDA staff or designated drivers.
- \* **Insurance:** YDA does not provide any health/hospitalization insurance for my child.
- \* **Pick-up:** I am responsible for promptly picking up my child at the specified time.
- \* **Depart/Return:** All trips depart and return to YDA's East Northport office.
- \* **Photographs:** I give permission for YDA to use trip photographs for promotional purposes.

**Please list:**

- \* All allergies you child has \_\_\_\_\_
- \* Any other medical conditions or special needs your child has \_\_\_\_\_  
\_\_\_\_\_
- \* Any medications your child takes (note- YDA cannot give medication) \_\_\_\_\_  
\_\_\_\_\_
- \* Child's Medical Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

In the event I cannot be reached in a medical emergency, I give YDA staff authorization to secure proper medical treatment, including taking my above named child to the nearest hospital. I release YDA staff, Board of Directors, volunteer chaperones, designated drivers and all funding sources from any liability or legal action.

I understand and fully give the consent described above-

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature