

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 '11) _____ School (as of Fall '11) _____

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:

- * **Refunds:** All field trip sales are final. YDA will not, under any circumstances, issue cash refunds. A non transferable YDA credit, less a \$10 per person/per trip cancellation fee, will only be granted if a trip cancellation is received at least one week prior to the trip. No Exceptions.
- * **Supervision:** The program will be supervised by YDA staff, interns and volunteers.
- * **Transportation:** My child will be transported to/from trips 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