



Hatteras Community Sailing Organization | 252-297-6665 | hatterassailing.org

### PARENT/GUARDIAN PERMISSION FORM FOR YOUTH PARTICIPANT

Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events hosted by Hatteras Community Sailing Organization where it is deemed necessary by the event coordinator(s). The form should be submitted prior to the event. The form has six parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, (4) pick-up authorization, (5) code of conduct, and (6) media policy. *Be sure to complete all sections and sign where requested!*

#### Information about the Youth Participant and Activity

Name of Youth Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Age at Time of Participation: \_\_\_\_\_

Name of Activity/Event: \_\_\_\_\_

Name of Group Sponsoring or Participating in this Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

#### Parental Permission and Release of Liability

I hereby give my son/daughter (named above) permission to participate in the event listed. Although the event coordinator(s) will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them from any liability in case of illness or injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

Name of Parent or Guardian (please print): \_\_\_\_\_



Signature of Parent or Guardian: \_\_\_\_\_

#### Medical Emergency Authorization and Health Information

I authorize the event coordinator(s) to dispense the prescription drugs and/or over-the-counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident requiring immediate treatment or surgery during this program or activity, I authorize the chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the event coordinator(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

_____	_____	_____	_____
Name of Parent/Guardian	Primary Phone Number	Secondary Phone Number	Email Address

_____	_____	_____	_____
Name of Additional Emergency Contact	Primary Phone Number	Secondary Phone Number	Email Address

The following information is provided as an aid to the event coordinator(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health conditions: \_\_\_\_\_

Medications/Instructions: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Company Group# \_\_\_\_\_ ID# \_\_\_\_\_



Signature of Parent or Guardian: \_\_\_\_\_

## Pick-Up Authorization

In addition to the parent/guardian(s)/emergency contact listed above, please list the names of any possible persons authorized to pick up the above referenced youth participant. **Please Note:** Photo ID's must be presented at the time of pick up.


Name	Relationship to Participant	Primary Phone Number	Secondary Phone Number
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### Authorization for Self-Checkout *(For Participants Ages 14 or Older)*

Program participants will only be released at the scheduled program ending times, or times designated to the program by the parent/legal guardian. Please select from the check-out options listed below.

- I do not grant my child permission to self-checkout from this program. Only the individuals listed above are authorized to pick-up and sign-out my child.
- I will not be escorting my child to and/or from the program and grant my child permission to travel to and/or from the program and check-out independently at the conclusion of the program.

 **Signature of Parent or Guardian:** \_\_\_\_\_

## Youth Program Code of Conduct

The primary purpose of the Youth Program Code of Conduct is to ensure the safety and well-being of all participants at events and activities hosted by Phillips Boat Works. It applies to all participants including minors, their parents, and volunteers.


As a participant in this program, I will:


- Conduct myself in a courteous manner and treat members, parents, volunteers, staff, and others with respect. Appropriate language and behavior are expected at all times.
- Respect and adhere to the rules and guidelines of the program including all those specific to this event or activity.
- Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.
- Obey local, state and federal laws.

Participants who fail to adhere to the Youth Program Code of Conduct are subject to a range of disciplinary actions. When appropriate, immediate corrective action will be taken at the event to ensure the safety and welfare of all participants.

I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in this event and future programs at Phillips Boat Works.

I have been given a copy of the rules for this event and agree to abide by them. I have conveyed this information to the youth participant for which I am responsible.

 \_\_\_\_\_  
Signature of Event Participant \_\_\_\_\_  
Date

 \_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_  
Date

## Media Policy and Release

Hatteras Community Sailing Organization promotes programs and activities involving minors through various media. This includes, but is not limited to newsletters, newspapers, brochures, and displays. In doing so, the names and photos of members may be included to help tell the story.

- No, do not use my individual picture for any purpose. I will make an effort to avoid opportunities to be in group photos.
- No, do not use my name for any purpose.