



YOUTH ENRICHMENT SERVICES

412 Massachusetts Ave. Boston, MA 02118

(617) 267-5877 fax (617) 266-6168

YOUTH PERMISSION SLIP

ALL FIELDS REQUIRED. PLEASE PRINT CLEARLY!

Group/Agency Name _____ (what group did you come with?)

First Name _____ Middle Initial ____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Birth date ____/____/____ Age ____ Grade Level ____ Race (please answer) _____

Male ____ Female ____

Mother's Name _____ Father's Name _____

Home Phone # _____ Cell Phone # _____ Work Phone# _____

E-mail address _____

Special Health Issues (asthma, allergies, recent injuries) _____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone Number _____

HEALTH INSURANCE

Policy Name _____ Policy Number _____

How did you hear about YES: _____ Is this your first time on a YES Trip? Yes No

I hereby authorize my son/daughter to participate in the Youth Enrichment Services. In giving this authorization, I agree that I will not bring suit against Youth Enrichment Services including any of its officers, employees, agents in the ski area (winter only), or the sponsoring agency for property damage or personal injury incurred by myself or my son's/daughter's participation in Youth Enrichment Services programs including, skiing, snowboarding, hiking, mountain biking, kayaking, canoeing, swimming, and overnight camping. I also authorize Youth Enrichment Services to take and use photos, slides, and recordings of my son/daughter while he/she is a participant in Youth Enrichment Services.

In the event of sudden serious injury or illness to my son/daughter while he/she is participating in Youth Enrichment Services, I express my consent for the administration of emergency medical care, including anesthesia, if such action is desirable in the opinion of the attending medical personnel or ski patrol. I shall be responsible for all medical fees and other charges. I understand that the leaders will make a responsible effort to contact me, should a sudden injury or illness occur.

In signing this permission slip, I certify that my child is covered by health and accident insurance or Medicaid and that I am obligated to provide Youth Enrichment Services with the name and the carrier and policy number. I understand that I shall be responsible for all medical fees and related charges whether I am insured or uninsured.

Completion of this registration form implies the applicant's commitment to the following non-negotiable program guidelines:

1. Possession and/or consumption of alcohol or illegal drugs are prohibited and no weapons allowed.
2. All participants are expected to participate in all aspects of the day.
3. No stealing or shoplifting. Violators will be prosecuted.

In signing this I certify that that I have read, understand, and accept the terms set forth in this document.

Parent Signature (Under 18 Only): _____ **Date:** _____

Signature of Applicant: _____ **Date:** _____