Demographic Data - Waiver of Consent for Medical - Emergency Release Form

Demographic Data

Participant's Name:	* -		Age:	
Gender:	[] Male	[] Female	[] Other	
Ethnic Background(s):	African America Asian Hispanic/Latino	N	White American/CaucasianNative AmericanOther	
	MEDICA	L CONSENT		
administer first-aid tre- participant suffers inju- youth to Youth progra- unavailable, I designat understand that if effor-	atment to the above listed ry or illness, I understand m will notify me immediate the emergency contact	d participant as neced d that the administra- ately to obtain appro- listed on my registra- designee, are unsucc	e) or hospital physicians, to ssary. In the event that the tive staff of the Bridgeton oval for treatment. If I am ation for to give consent. I essful or are not possible ohysician to administer	
Program	n Expectations and	Parent/Participa	nt Obligations	
	outh activities are designed to healthy living, being		ree and bias free!	
I understand that activ are within a safe walki	-	and may include of	f-site trips and excursions that	
public laws apply at every reserve the right to sus by the police and/or ar	vents and programs. If you pend/terminate their parterested. Suspension and/oregistration fees are not	our child presents a ticipation, have ther or termination will no	ety. All applicable school and discipline problem, we n removed by and/or detained of entitle you to a refund of eserve the right to search all	
	or jewelry that promote d		byees. NO hats, scarves, co, racism, bias, gang	
- 1	sion for my child to appear television or print media		video or photographic	
Parent Signature:			Date://	