Demographic Data

Participant's Name: _____ Age: _____

Gender: [ ] Male [ ] Female [ ] Other

Ethnic Background(s): _____African American _____White American/Caucasian
_____Asian _____Native American
_____Hispanic/Latino _____Other

MEDICAL CONSENT

I hereby authorize appropriately trained personnel (EMT/Paramedic) or hospital physicians, to administer first-aid treatment to the above listed participant as necessary. In the event that the participant suffers injury or illness, I understand that the administrative staff of the Bridgeton Youth to Youth program will notify me immediately to obtain approval for treatment. If I am unavailable, I designate the emergency contact listed on my registration to give consent. I understand that if efforts to contact me, or my designee, are unsuccessful or are not possible during emergency circumstances, I hereby authorize the attending physician to administer treatment.

Program Expectations and Parent/Participant Obligations

Bridgeton Youth to Youth activities are designed as a means of educating youth/community members and to promote healthy living, being drug free, violence free and bias free!

I understand that activities are provided on site and may include off-site trips and excursions that are within a safe walking distance.

All possible precautions have been taken to secure your child's safety. All applicable school and public laws apply at events and programs. If your child presents a discipline problem, we reserve the right to suspend/ terminate their participation, have them removed by and/or detained by the police and/or arrested. Suspension and/or termination will not entitle you to a refund of registration fees. **All registration fees are non-refundable.** We reserve the right to search all participants or attendees.

There is a standard dress code for all events, participants and employees. **NO** hats, scarves, bandannas, tee-shirts or jewelry that promote drugs, alcohol, tobacco, racism, bias, gang affiliation or violence.

I further grant permission for my child to appear in person, voice, video or photographic presentation for radio, television or print media.

Parent Signature: _____ Date: ___/___/____