



Kingswood Youth Center

PO Box 697, Wolfeboro Falls, NH 03896 603-569-5949
565 Center Street, Wolfeboro, NH 03894

PARTICIPATION PERMISSION RELEASE 2020-2021

PARTICIPANT INFORMATION

Participant's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____

Phone to receive texts: _____ Parent/Guardian Email _____

Participant's Grade: _____ School: _____

Check One (used for statistical purposes and not shared. Information assists in the pursuit of funding): Free Lunch Reduced Lunch Paid Lunch

Parent/Guardian Name 1: _____ Phone #: _____

Parent/Guardian Name 2: _____ Phone #: _____

Name and phone number of person to contact in case parent/guardian is not available:

Attach additional pages if needed on the sections below:

Allergies: Bees, Insects, Food, Medications, other? How does your child react to said allergens?

Medications: Please list any current medications, the condition for which they are taken, and how often and at what time(s) they are taken (include inhalers and epi pens):

If your child participates in full day activities, will he/she need to take and/or bring medication during the day?

Yes No Please Explain _____

Chronic Illnesses: Diabetes, Epilepsy, Asthma, etc.

Physical Conditions: Are there any physical conditions, or disabilities that might limit your child's participation in physical activities? Please explain. Has your child been hospitalized for any of these conditions within the past year?

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Emotional Conditions: Are there any emotional or behavior conditions we should be aware of so that we may serve your child while he or she is at Kingswood Youth Center?

Please explain any and all limitations, restrictions, or other ways in which the afore mentioned Chronic Illnesses, Physical Conditions, and/or Emotional Conditions will impact your child's participation in KYC programs.

This form is the property of Kingswood Youth Center, Inc. and will remain as a confidential record.

Initial after reading and understanding:

I certify that the all information provided is true and accurate and I agree to advise Kingswood Youth Center, Inc., in writing of any change in the medical condition of the child. I understand that it will be assumed that all medical information is unchanged unless you hear from me:

- I, _____, the undersigned parent/legal guardian of the minor child, _____, do hereby authorize Kingswood Youth Center, Inc., and its representatives and employees, to obtain necessary evaluation and treatment of the above named child should it become necessary. Notice is hereby given to any health provider that Kingswood Youth Center, Inc. is fully authorized to obtain the necessary evaluation and treatment.
- I do hereby give my permission for my child to participate in Kingswood Youth Center programs. I assume all risks and responsibilities incidental to my child's participation, including transportation to and from the activity. I do hereby waive, release, absolve, indemnify and agree to hold harmless Kingswood Youth Center, program sponsors and supporters and their paid and volunteer employees for any injury, illness, or death which may result from the participation of the person named on this form in this activity. Only in the event of an emergency, and if, I or the person(s) named here cannot be reached, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia or to order injections or surgery for the safety of my child.
- I do hereby give my permission for my child to be photographed and/or videotaped for possible anonymous inclusion in program and promotional materials including social media posts.

This agreement is governed by the applicable laws of New Hampshire. I further agree that any action involving parties or issues relating to or arising out of this agreement must be inured and prosecuted in the courts of New Hampshire. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

Parent/Guardian: I verify that I am the parent or guardian of the minor and I have the authority to enter into this agreement. I agree to be bound by the terms and conditions of this agreement. I agree to indemnify and hold harmless providers from any claim brought by or on behalf of the minor.

Parent/Guardian Initials: _____

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Permission to be transported by the KYC staff. The Kingswood Youth Center owns a 14 passenger van that is fully insured and driven by the KYC staff members. All staff members have had appropriate background checks and driving record review. The van and independently owned staff vehicles are used for community service opportunities and recreational field trips. Your initials below give your child blanket permission to attend any off site activity offered by the KYC and be transported by the Kingswood Youth Center's staff.

Please note that inappropriate behavior (as determined by KYC staff or volunteer) in any vehicle will result in immediate suspension of riding privileges.

I agree to release, hold harmless, defend and indemnify Kingswood Youth Center Inc., and any of their employees or staff from all liability for injury, death, property loss and damage which results from my child being transported in the vehicles operated by KYC staff during the participation in off-premises Kingswood Youth Center activities.

Parent/Guardian Initials:_____

Permission to use the internet:

Some computers at the youth center have internet access. I give my child permission to use the internet. I understand that my child is responsible for logging out of all personal accounts and ensuring that all electronic content accessed is appropriate.

Parent/Guardian Initials:_____

Permission to use recreational equipment:

I give my child permission to use KYC recreational equipment including, but not limited to, bikes, skates, sleds, snow shoes, fitness equipment, a low-profile climbing wall, etc. I give my child permission to ride KYC bikes on KYC property as well as trips off the KYC premises such as the Cotton Valley Rail Trail. My child will adhere to all KYC safe riding habits such as wearing a helmet. The KYC provides helmets for bike riding. If there is safety equipment which you would like your child to use for any activities, it is your responsibility to provide said equipment and inform the KYC staff.

Parent/Guardian Initials:_____

Participant's Signature:_____

Parent/Guardian Signature:_____

Date:_____

KYC Core Values and Behavioral Expectations

Our Mission: To provide a safe and positive environment in which youth may grow, learn and develop life skills critical to their success in the adult world.

Our Core Values: Respect * Compassion * Responsibility * Empowerment

Rules: Our rules are designed to reflect our core values and to aid us in fulfilling our mission. By adhering to and enforcing these rules we ensure that the KYC is a safe and positive place for all constituents.

We have zero tolerance for the following: weapons (including but not limited to guns, knives, pocketknives, and lighters), drugs, alcohol, tobacco, bullying and violence.

In addition, members must:

- Address all volunteers, staff, peers, guests, and other community members in a respectful manner
- Respect all property and refrain from destructive behavior
- Be respectful of everyone's personal space
- Refrain from swearing
- Refrain from inappropriate displays of affection
- Sign in when they arrive
- Have a completed and signed permission form on file as soon as possible (failure to return this form in timely manner may result in suspension of participation privileges)
- Leave via school bus unless picked up with written permission by a parent/guardian
- Refrain from using cell phones inappropriately. All content accessed on electronic devices while at the KYC must be appropriate and consistent with KYC core values. Members are responsible for logging out of personal accounts when they are done using KYC computers
- Remain in designated areas when at KYC
- Dress appropriately (follow GWRSD guidelines)
- Clean up after themselves

Disciplinary Procedure: In the event that these rules are not followed, the staff will issue warnings and consequences, including the possible suspension of privileges, as deemed necessary.

Participant's Name: _____

- I have received the **KYC Core Values and Behavioral Expectations** document and agree to comply with the expectations of the Kingswood Youth Center.

Participant's Signature: _____ **Date:** _____