

RALEIGH YOUTH COUNCIL

FOR RYC EVENTS AUGUST 2015-MAY 2016

(Please Print)

Participant's Name: _____ Participant's Email _____

Date of Birth: _____ Current School You Attend: _____

Address: _____

Parent(s)/Guardian(s): _____

Parent(s) Email: (Mom) _____ (Dad) _____

*Home Phone: _____ *Work Phone: _____

(*If there are two please specify)

*Mobile Number: _____ *Best Number to Reach You: _____

Insurance Company Name: _____

Policy #: _____

Does your teen take or have any of the following (If yes please explain)?

Medication: _____

Allergies: _____

Anything other that we should be aware about before your teen participates in this program?

In case of an Emergency (If parents cannot be reached) call:

Name: _____ Phone: _____

Address: _____

Relationship to participant: _____

Any Additional Comments: _____

In order for your teen to participate in our activities, you must review and sign the Participation Agreement on the back page.

SPONSORED BY THE CITY OF RALEIGH PARKS, RECREATION AND CULTURAL RESOURCES DEPARTMENT

Non-Discrimination Policy: The City of Raleigh Parks, Recreation and Cultural Resources Department does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with either the Director of the Raleigh Parks, Recreation and Cultural Resources Department or the Office of Equal Opportunities. U.S. Department of Interior, Washington, D.C., 20240.

The Raleigh Parks, Recreation and Cultural Resources Department welcomes the participation of all individuals in our programs, including those with disabilities. We are fully committed to complying with the ADA and providing reasonable accommodations to facilitate participation in our programs.

City of Raleigh Parks, Recreation and Cultural Resources Department

Raleigh Youth Council Participation Agreement

I acknowledge every effort will be made to contact parents/guardians in the case of a medical emergency. If I cannot be reached, I authorize the City of Raleigh Program Staff to seek appropriate medical (physician, dentist, nurse etc.) care for the below participant. I understand that only those medications which are medically necessary and cannot be scheduled outside the hours of the Recreation Program will be given during the program. I give permission for my child to be transported in vehicles provided by the City of Raleigh. Pictures may be taken of my child while participating in City activities and may be used for program publicity.

Raleigh Youth Council Code of Ethics

WHEREAS, the Raleigh Youth Council Code of Ethics prohibits possession and/or use of alcoholic beverages and illegal drugs, and/or sexual interaction, or being present where individuals are partaking of any illegal substance or participating in sexual interaction, or any behavior that violates state or local laws, and

WHEREAS, the Raleigh Youth Council Code of Ethics demands that all members respect the property of others and the facilities in which the members visit.

We, the undersigned, have carefully read the foregoing release, know the contents thereof and sign it as our own free act. Any infraction of the above will necessitate the participant's parents being notified and participant sent home immediately upon discover. We understand it will be our responsibility to provide the participant's transportation after being dismissed from the activity for violation of the aforementioned Code of Ethics.

City of Raleigh Release and Indemnity Agreement

I understand that participating in the Raleigh Youth Council & Raleigh Youth Council Special Events & Trips involves risk of injury. These risks include but are not limited to, inclement weather, accidents while traveling to and from the activity, food related illness, equipment problems or failures, contact with and actions of other participants, spectators and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the programs despite the risks.

By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed responsibility of injury, illness, and death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the instructors and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City of Raleigh, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participating in the program. I also agree not to sue the City of Raleigh, its employees, or its agents and agree to indemnify the City of Raleigh for all claims, damages, losses, or expenses, including attorney fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

By signing below, I acknowledge that I have read, understood, and agree to the City of Raleigh policies listed on this form.

Printed Name of Participant

Participant's Signature

Date of Signature

Parent/Legal Guardian Signature (if child is under 18)

Date of Signature

Printed Name of Parent/Legal Guardian