

YOUTH ADVISORY BOARD PERMISSION SLIP/RELEASE FORM

My son/daughter _____ has my permission to participate in the Youth Advisory Board activity described below. By granting permission for my child to participate in the Youth Advisory Board activity or program, I on behalf of my heirs, executors, assigns, and administrators, hereby release and discharge the City of Oak Ridge, Tennessee, and any and all of its employees, officers, agents, and any other persons whether compensated or providing voluntary services, utilized by or associated with the City in the organization, supervision, or conduction of the activity or program described below, both in the capacity, of and from all debts, claims, demands, actions, causes of action, commissions or omissions, and any and all liability whatsoever that may exist or hereafter arise as a result of my child's participation in the activity or program described below. He/she will abide by the Code of Conduct of the Youth Advisory Board and the special rules of any sponsor.

Name of Activity or Program: Graduation Celebration
Sponsors: City of Oak Ridge Youth Advisory Board
Date/Time: from 10:00PM on 6/02/11 to 6:00AM on 6/03/11

I understand that the Youth Advisory Board, the City of Oak Ridge, and any sponsor will not be responsible for the liability or insurance coverage of private or public carriers.

I understand that the Youth Advisory Board, the City of Oak Ridge, and any sponsor will not be responsible for personal injury to my son/daughter or loss or damage to his/her personal property.

I will be responsible for the damage to personal property of others or injury to other people caused by my son/daughter.

If my son/daughter behaves in a manner unsuitable for the staff or chaperones, I agree to accept a collect long distance call (if needed) and to provide transportation for him/her to return to Oak Ridge.

Parent/Guardian Signature

Date: _____

Parent/Guardian Signature

Date: _____

NOTE: AT LEAST ONE PARENT/GUARDIAN MUST SIGN THIS DOCUMENT ON THE FRONT AND THE BACK.

EMERGENCY INFORMATION:

Participant's Home Address: _____

Participant's Home Phone: _____

Emergency Contact's Name: _____

Relationship to participant: _____ Contact's Phone: _____

Medical Insurance Company Name: _____

Policy Number: _____

Please list any information about medical problems staff and chaperones should be aware of (allergies, prescriptions to be taken, diabetes, etc.): In case of an emergency, the Youth Advisory Board, City of Oak Ridge, and/or sponsors have my authorization to obtain emergency medical aid for my son/daughter.

Parent/Guardian Signature

CODE OF CONDUCT OF THE YOUTH ADVISORY BOARD

The following Code of Conduct shall apply to all activities organized by the Youth Advisory Board:

1. ANY expression of physical or verbal abuse to any staff member of chaperon will result in automatic suspension from all City sponsored activities, programs, and facilities.
2. Proper identification must be presented upon request by staff member/chaperone.
3. NO loud playing of MP3s, cell phones, etc. will be permitted. Staff or chaperons will determine volume. Abuse will result in property being confiscated.
4. NO alcoholic beverages, drugs, or gambling will be permitted.
5. NO smoking or use of tobacco products will be permitted.
6. NO public displays of affection will be permitted.

Any violation of the Code of Conduct or directives by staff members or chaperones may result in suspension from Youth Advisory Board activities or programs as well as suspension from City recreation facilities and/or activities. Once suspended, you lose the privileges of using the recreation facilities at the Civic Center, Municipal Pool, Scarboro Community Center, parks, etc. (including league play at all locations) for the duration of the suspension.

If a child is scheduled to be present for this activity and does not show up, the City may contact the parent(s) to inform him/her that their child did not arrive for this activity. In no event, however, is the City responsible for notifying a parent regarding whether or not their child has arrived for an activity, as it is the parent's responsibility to know the whereabouts of their child.

I have read the attached rules/policies for the Graduation Celebration event, as well as the Youth Advisory Board Code of Conduct listed above and fully understand them. If my child chooses to leave this activity before 6AM, I understand that I will be notified by phone to give verbal, permission for my child to leave.

Participant's Signature

Parent's Signature

Date

Date

Please return to: Oak Ridge Civic Center Front Desk or to ORHS Student Affairs Office
Call 425-3450 if you have questions or concerns.