

Permission and Emergency Information Sheet

Please write clearly

Program Name

Child's Name: First, Middle Initial, Last

Street Address

Town and Zip Code

Home Telephone

Parents Email

Parents Email

Mother's/Guardian's Name

Cell Telephone

Father's/Guardian's Name

Cell Telephone

Doctor's Name

Telephone

Insurance Provider

Policy #

Subscriber's Name

Medical Information

Please state any medical conditions or allergies of which the staff should be aware (write none if there aren't any)

Behavioral Information

Please note any special recommendations/goals which would be helpful to the staff to understand:

T-shirt size (please circle one)

Youth large Adult: SM M L XL XXL

M F

Sex (circle one)

Birthdate

School Attending

Age/Grade

In the case of an emergency, who shall we contact if a parent/guardian cannot be reached? We must have TWO people to call upon.

_____ (_____) _____

_____ (_____) _____

Parental Signature

I, the undersigned _____ (legal relationship) of _____ ("my child"), a minor, do hereby consent to my child's participation in the voluntary program of the Town of Andover's Youth Services Division identified on this form in the line directly above the term "program name" ("the Program").

On behalf of myself and my child, and our respective heirs, executors and administrators, I also agree to forever release the Town of Andover, and all of their employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in programs of the Youth Services Division ("the Releasees") from any and all claims, rights of action and causes of action that may have risen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Andover's voluntary programs in the Youth Services Division, or from the negligence, including the gross negligence, of the Releasees, including but not limited to transportation/travel, lodging, and the acts of my child, of other participants, and of third party contractors/vendors providing services to the Program.

On behalf of myself and my child, I also promise to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description including reasonable attorneys' fees that may have been asserted in the past, or may be asserted in the future, arising directly or indirectly and/or arising from personal injuries to my child or property damage resulting from my child's participation in the Program, or from the negligence, including the gross negligence, of the Releasees, of my child, of other participants, and of third party contractors/vendors providing services to the Program.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in the Program is voluntary and that my child and I are free to choose not to participate in the Program. By signing this Form, I affirm that I have decided to allow my child to participate in the Program with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage which my child may suffer in the Program.

ANDOVER YOUTH SERVICES

40 Whittier Ct., Andover, MA 01810

Telephone: (978) 623-8360

www.andoveryouthservices.com

Signed _____ Date _____

By signing I acknowledge I have read and understand fully the specific program/trip literature/materials/description for the Program.