

All Youth Program participants **MUST** have this form completed by a parent or guardian.

Please print clearly and complete all sections

**STUDENT INFORMATION**

Full Name: \_\_\_\_\_  
 Last First Middle Initial

Child's Age: \_\_\_\_\_ Current Grade (for Summer students, grade entering in upcoming Fall) \_\_\_\_\_

Home Phone (with area code): \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

Name: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

If I am not available, I hereby designate the following person(s) to be contacted in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

The above named child has the following food allergy(ies) and/or medical condition:

\_\_\_\_\_

***I understand it is the responsibility of the parent/guardian to notify program staff of any change in the above information.***

I, \_\_\_\_\_, the legal parent/guardian of the above named Youth Programs participant, will:

CHOOSE **ONLY ONE** OF THE FOLLOWING THREE OPTIONS

- Pick up my child at the conclusion of his/her scheduled course(s) in the designated location on the Union County College Cranford Campus
- Permit the following individuals to pick up my child at the conclusion of his/her scheduled course(s) in the designated location on the Union County College Cranford Campus. **No one other than the named persons below will be permitted to pick up your child.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- Permit my child to leave the campus unattended by Program or College staff at the conclusion of his/her scheduled course(s) on a daily basis.

*Check this option if you are permitting your child to walk home, ride his or her bike home, take the bus, etc. No supervision is provided and no responsibility for your child is assumed once he or she is dismissed from his or her last class. Your child will not be permitted to remain on College property or in any campus building if this option is checked. I expressly release the College and its agents from any liability that may result from my child's use of individual transportation as authorized above.*

The Parent or Guardian acknowledges that he or she has read, understands and approves the following statements:

- I give consent for photographs and/or videos of my child to be used solely for Union County College promotional and/or public information purposes.
- I fully understand that I am releasing the College and its agents and employees of all liability including but not limited to injuries, damages or loss, related to any aspect of my child's participating in the Youth program.
- I understand that the College is not responsible for lost, stolen or damaged property.

- I understand that in an emergency I will be contacted as soon as possible at the above phone number(s). If I am not available, I have provided an alternate contact above.
- Should my child require immediate medical attention, I consent to any such treatment, including but not limited to, transport and treatment at a hospital facility. I fully understand I am legally responsible for any medical expenses for costs of said treatment.
- College personnel are not permitted to hold or be responsible for administering any medication.
- I understand the College may suspend or terminate my child from the program for any reason that is deemed harmful or disruptive to the other participants or for other just cause. Refunds will not be granted if a child is suspended or terminated.

**I have read, understand, and agree to the foregoing information.** I authorize Union County College staff to take whatever measures are in their estimation, deemed necessary, especially in the event of an emergency. The undersigned, on his/her behalf and on behalf of the named participant, releases Union County College, its directors, officers, employees and agents from all claims and liability to the undersigned or named child and each of their personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim on account of injury to the person or property of the undersigned or named child.

\_\_\_\_\_  
 Parent/Guardian name (print)

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date