



Youth for Truth Int. For Him, My City Youth Center Parental Consent and Release of Liability

Parents/Guardians are responsible to notify My City Youth Center if any changes take place

Parent/Guardian Information (Please Print)

Parent/Guardian Name (Print): _____

Last Name

First Name

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Employer: _____

Work Phone:(____)-____-____ Home Phone:(____)-____-____ Cell Phone:(____)-____-____

Relationship to Child(ren): _____ Military currently enlisted or have served (Circle One) Yes No

Parent/Guardian Name (Print): _____

Last Name

First Name

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Employer: _____

Work Phone:(____)-____-____ Home Phone:(____)-____-____ Cell Phone:(____)-____-____

Relationship to Child(ren): _____ Military-currently enlisted or have served (Circle One) Yes No

Parents/Guardians are responsible to notify My City Youth Center if any changes take place.

Emergency Contact Information (please list contact other than parent/Guardians)

Names listed are assumed to be authorized to pick up the child(ren)

Name: _____ Day Phone: _____

Name: _____ Day Phone: _____

Medical Information

Health Clinic: _____ Office Phone: _____

Dental Clinic: _____ Office Phone: _____

Insurance Company: _____ Policy Number: _____

The following information is required for participation at My City Youth Center.

This information will not be used individually but grouped for fundraising and grant writing. All information is held strictly confidential.

Number of people in your household: _____

Check a range for Annual Household Income:

_____ Below \$22,980	_____ \$22,981-\$31,020	_____ \$31,021-\$39,060	_____ \$39,061-\$47,100
_____ \$47,101-\$55,140	_____ \$55,141-\$63,180	_____ \$63,181-\$71,220	_____ \$71,221-\$76,260
_____ \$76,261-\$87,300	_____ Above \$87,301		

Does your child receive free or reduced lunch? _____ Free _____ Reduced _____ Either Free or Reduced _____ Neither Free or Reduced

How did you hear about us? _____

Child Information (Please Print)

Child One: _____
Last Name First Name

Living with (please check one) Both Mother Father Joint Custody Foster Grandparents
 Other (Please specify) _____

A document is needed if there are any custody orders involving restrictions or limitations of when any parent or guardian is allowed to drop off or pick up.

Birthdate ___/___/___ **Age** _____ **Gender (circle one)** Female Male

Child's Cell Phone: _____

Ethnicity (Check one) Hispanic or Latino Not Hispanic or Latino

Race (Check One)

White Black or African American Multi-Racial American Indian or Alaskan Native
 Asian Native Hawaiian or Other Pacific Islander Other (please specify) _____

School Attending: _____ **Grade** _____

I give permission to the staff of MCYC to apply sunscreen during programming: Yes No

List anyone not allowed to pick up child by court order (copy of full court order is required)

The questions below are designed to help us understand and work effectively with your child.

You are not required to answer these questions; however, the lack of this information may affect our ability to work with your child.

Describe any unusual health conditions: _____

FOOD OR OTHER ALLERGIES: _____

Does your child have any physical or mental disabilities, developmental delays or emotional/behavioral disorders that we should be aware of to help your child be successful at My City Youth Center? Yes No

If yes please explain: _____

Has your child experienced any emotional trauma? Yes No

Note: If you answered yes to either of the above two questions, a staff member will ask you for further details to better assist your child.

Child Information (Please Print)

Child Two: _____
Last Name First Name

Living with (please check one) Both Mother Father Joint Custody Foster Grandparents
 Other (Please specify) _____

A document is needed if there are any custody orders involving restrictions or limitations of when any parent or guardian is allowed to drop off or pick up.

Birthdate ___/___/___ **Age** _____ **Gender (circle one)** Female Male

Child's Cell Phone: _____

Ethnicity (Check one) Hispanic or Latino Not Hispanic or Latino

Race (Check One)

White Black or African American Multi-Racial American Indian or Alaskan Native

Asian Native Hawaiian or Other Pacific Islander Other (please specify) _____

School Attending: _____ **Grade:** _____

I give permission to the staff of MCYC to apply sunscreen during programming: Yes No

List anyone not allowed to pick up child by court order (copy of full court order is required)

The questions below are designed to help us understand and work effectively with your child.

You are not required to answer these questions; however, the lack of this information may affect our ability to work with your child.

Describe any unusual health conditions: _____

FOOD OR OTHER ALLERGIES: _____

Does your child carry an Epipen? (Circle one) Yes No

Does your child have any physical or mental disabilities, developmental delays or emotional/behavioral disorders that we should be aware of to help your child be successful at My City Youth Center? Yes No

If yes please explain _____

Has your child experienced any emotional trauma? Yes No

Note: If you answered yes to either of the above two questions, a staff member will ask you for further details to better assist your child.

Permission and Release Form

Safety

Knowing there is a certain amount of risk involved in even the simplest of children's games, sports and activities, I give permission for my child to participate in activities and programs at My City Youth Center/Youth For Truth Int. For Him. I accept responsibility in the unlikely event that an accident might take place. I hereby certify that I carry health and/or accident insurance for my child and that I am solely responsible for the cost of health care for my child, even as a result of my child's participation in club programs or activities.

Field Trip Transportation and Supervision

I agree to permit the child(ren) named to participate in walking trips, field trips or other activities sponsored by My City Youth Center and will be notified of such events and trips. This permission is given with the understanding that transportation, if needed will be provided by school bus, public transportation or a My City Youth Center/Youth For Truth Int. For Him vehicle driven by an authorized driver. I also understand that the children will be under My City Youth Center supervision throughout the duration of the trip.

Insurance Coverage

I further verify that my child is covered by medical insurance as listed in the above emergency form. I understand that insurance coverage is required in order for my child to participate in activities and programs at My City Youth Center/Youth For Truth Int. For Him and that I am solely responsible to provide such coverage. I understand that I am solely responsible for any consequences of my failure to provide adequate insurance coverage. I agree to abide by all of the rules of My City Youth Center/Youth For Truth Int. For Him pertaining to the health and safety of the members and to inform them immediately of any changes in my child's health, health care insurance or medical provider. I also agree to inform My City Youth Center/Youth For Truth Int. For Him immediately if my child contacts a serious communicable disease.

I agree that My City Youth Center/Youth For Truth Int. For Him, its employees (both paid and volunteer), Board of Directors and affiliated agencies, shall not be liable for any claims, demands, actions or causes of actions, whatsoever for any injury caused to me or my child as a result of my child's involvement in My City Youth Center/Youth For Truth Int. For Him programs or activities.

I hereby expressly forever relieve and discharge said My City Youth Center/Youth For Truth Int. For Him from all acts of negligence on the part of My City Youth Center/Youth For Truth Int. For Him, its employees (both paid and volunteer), its servants and affiliated agencies.

Exchange of Information

I give my consent to any exchange of information between my child's My City Youth Center/Youth For Truth Int. For Him staff and school professional staff whenever it would be benefit to my child.

Authorization for Medical Care

In case of serious accident or illness to my child or in the event that the injury/illness involves my child's health, safety and welfare, I understand that efforts will be made to contact me. However, if I cannot be reached, I hereby authorize the staff of My City Youth Center/Youth For Truth Int. For Him, my child's physician, dentist and those individuals named on the above emergency form to give necessary treatment to my child. My City Youth/Youth For Truth Int. For Him, may call the doctor and/or ambulance if necessary at my exclusive expense. I agree that I am solely responsible for updating medical information to My City Youth Center/Youth For Truth Int. For Him.

I understand the implications for this Permission of Release. I certify that I am legally capable of executing this agreement, that I have done so of my own free will on the date indicated below, on behalf of myself, my spouse, if not signed separately, and our child(ren) named above. Parents Initials: _____

Behavioral Agreement

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent/guardian. (These activities would include but not limited to the possessions and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship; stealing; fighting; etc.) My City Youth Center/ Youth For Truth Int. For Him will make efforts to contact the parent/guardian to make arrangements before the named participant is sent home. _____ Parents Initials

Media Consent

My City Youth Center staff, employees and volunteers may photograph or video your child for marketing and promotional purposes, including but not limited to use as stock photos on our website and social media pages. You give permission to My City Youth Center and Youth For Truth Int. For Him to photograph and/or video record your child for use in marketing and promotional materials. Your permission grants us the authority to publicize any photos/video recordings we may take of your child.

By participating in My City Youth Center programs you agree to the following:

I grant permission to My City Youth Center and Youth For Truth Int. For Him to photograph and/or video and audio record my child for marketing and promotional purposes and to publicize any photos/ recordings of my child without additional notification. This grant of permission remains in effect until revoked. The rights granted to My City Youth Center and Youth For Truth Int. For Him in this release include the perpetual, exclusive, and unencumbered right to use, edit, reproduce, distribute, publish, and otherwise exhibit the photos recordings worldwide, in any and all forms of media. In addition, the rights granted to My City Youth Center and Youth For Truth Int. For Him in this release include the right to use the photo/recordings to publicize and advertise My City Youth Center/Youth For Truth Int. For Him and or its services. No monetary compensation will be given for use of any photo/recording of my child. I agree to hold harmless and do hereby release My City Youth Center/Youth For Truth Int. For Him and its past, current, or future directors, employees, agents, representatives, affiliates, successors, and assigns from any and all claims, demands, and causes of action associated with this release and including without limitation, any claims for libel of violation of any rights of publicity or privacy which I may have by reason of this release.

You have a right to opt out of inclusion in photographs/recordings, but unless you email mycityyouthcenter@gmail.com, participation in My City Youth Center's activities implies permission for the use of images taken at those events.

Movie Consent

I give consent to view any PG rated video shown at My City Youth Center and Youth For Truth Int. For Him. Talk with your site program manager if you do NOT want your child to view PG rated videos.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Second Parent/Legal Guardian: _____ Date: _____

SCHOOL OF SKATE WAIVER

Youth for Truth International 145 N. Tahquitz Ave. Hemet, CA 92543 951-652-0647

1. No alcohol, chewing tobacco, illegal drugs, smoking or foul language.
2. Participants must be at least 8 years of age.
Minors (17 years or younger) must have parent/guardian sign the application in person or signature must be notarized.
3. All participants must wear the specified safety equipment (helmet).
4. Skating/Scooter Riding is restricted to designated areas.

Failure to comply with the above guidelines will result in immediate suspension of park privileges.

Students Name: _____ Date: ____/____/____

In consideration of being allowed to participate in any way in the Youth for Truth Int. "BOXPARK" program, related events and activities I _____ (**Parent/Guardian/Legal Participant**) the undersigned, acknowledge, appreciate, and agree that:

- The risk of injury from the activities in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for (said minor/my) participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual and significant hazard during my presence or participation, I will remove (said minor/myself) from participation and bring such to the attention of the nearest official immediately; and,
- I agree to be responsible for all costs arising from any injury, including on-site emergency medical treatment and transport to a medical facility; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Youth for Truth Int., their officers, officials, security staff, and/or any of its employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, and if applicable, owners and lessors of premises used to the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I, PARENT/GUARDIAN/LEGAL PARTICIPANT HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____
(Signature of Parent/Legal Guardian/Legal Participant)

I, _____ (**Parent/Guardian/Legal Participant**) sign the statement below, because:

1. I know that skating/scooter riding is a hazardous recreational activity; and,
2. I know there is the risk of injury or death if (said minor/I) participate in skating/scooter riding; and,
3. (I/Said minor) voluntarily participate in skating/scooter riding, and I sign my name below so that (said minor/I) may participate — I can choose not to sign this agreement by choosing so not to participate; and,
4. I agree that if anything happens to (said minor/me) while participating, including injury or death, I release Youth for Truth Int. "BOXPARK" program, and any of its employees from liability; and,
5. If (said minor/I) am injured while participating, I agree that anyone who provides medical assistance shall not be liable if they cause (said minor's/my) death, increase injury or cause additional injury.

I AM ABLE TO READ THE ABOVE AND UNDERSTAND IT.

X _____ Date Signed: _____
(Signature of Parent/Legal Guardian/Legal Participant)

MEDICAL RELEASE

- In the event of sudden minor injuries, such as cuts, bruises, burns i.e. I hereby give consent to treatment for (said minor/myself) by Youth for Truth Int. employees/volunteers to use band-aids, ointments and ice packs i.e. during any situation as deemed necessary.
- In the event of sudden illness, accident, or injury which may occur while (said minor/I'm) engaged in an activity supervised by Youth for Truth Int. employees/volunteers, when neither the parents nor guardian can be contacted, I hereby give my consent to emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

X _____ Date Signed: _____
(Signature of Parent/Legal Guardian/Legal Participant)

EQUIPMENT RELEASE

Elbow and knee pads are required for participants under the age of 18. Youth for Truth Int. provides helmets for those who would need loaners. We do not provide elbow and knee pads for participants, it is required to be provided and monitored by parent/guardian of participant. If you choose to allow said minor to participate in any BOXPARK activities without elbow & knee pads please sign below.

I am signing this release for my child/ward to have permission to not wear elbow and knee pads and I, my child/ward, heirs, and legal representatives will not hold any employees or volunteers at Youth for Truth Int. liable for any injuries that may and will occur during any activity, including BOXPARK. If I do require my child/ward to wear elbow and knee pads I do not hold Youth for Truth Int. responsible for monitoring if my child wears the required equipment of elbow and knee pads.

X _____ Date Signed: _____
(Signature of Parent/Legal Guardian/Legal Participant)

OVER 18 HELMET RELEASE

I am signing this release that **I am over 18**, I choose to not wear a helmet and I, my parents/guardian, my child/ward, heirs, and legal representatives will not hold any employees or volunteers at Youth for Truth Int. liable for any injuries that may and will occur during any activity, including BOXPARK. I do not hold Youth for Truth Int. responsible for monitoring me to wear the required equipment of a helmet knowing that loaner helmets are provided for by Youth for Truth Int.

X _____ Date Signed: _____
(Signature of Legal Participant)

**Please Present Driver's License or ID for Declaration of Witness
to the representative of Youth for Truth Int. at My City Youth Center**