



Youth Information and Permission Form

Youth Information

Youth's Full Name _____
 Last First Nickname

Parent/Guardian's Name: _____
 Last First

Address: _____
 Street Address Apartment/Unit #

 City State ZIP Code

Daytime Phone: () Cell Phone(s): ()

Work Phone: () E-mail Address: _____

Birthdate: _____ Grade Completed: _____

T-shirt Size (circle one): S M L XL 1X 2X 3X

How did you hear about our Program?

Release of Liability

I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the Grow2Live program. I, on my own behalf and on behalf of the Minor our heirs, representatives, executors, administrators and assigns, do hereby release, relive, covenant not to sue and forever discharge, indemnify and hold harmless, Grow2Live program and Hope Road Inc., its trustees, officers, agents, employees, students, and volunteers (hereinafter collectively "Releases") of any and from all claims, demands, rights, liabilities, losses, expenses, and causes of action (with the exception of gross negligence or willful misconduct) of whatever kind of nature including, but not limited to , negligence, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from any participation in or in any way connected with arising out of or connected with the program, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Minor may incur or sustain during the program, all activities associated with the program and while traveling to and from the site for the program whether or not the program actually occurs. I, on my own behalf and on behalf of the Minor, hereby warrant that I have read this Release of Liability in its entirety and fully understand its contents. I, on my own behalf and on behalf of the Minor, am aware that this Release and Liability releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness.

Parent/Guardian
 Signature: _____ Date: _____



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Medical Form

Participant's Name _____ Age _____ D O B _____

List any known conditions, diseases, etc. which may limit or restrict the above person from participating in Program activities.

List any medications Minor is presently taking, if any:

List any known allergies Minor has, if any:

Program staff is not permitted to dispense medication.

I/We, the Parent/Guardian of _____, hereby give my/our approval for his/her participation in any and all activities of the Grow2Live Program youth for which my child is enrolled. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Grow2Live Program and Hope Road Inc., its directors and staff. I/We grant permission for him/her to participate in the Grow2Live Program and acknowledge that he/she is physically able to participate in Program activity.

Parent/Guardian

Signature: _____ Date: _____



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Emergency Contact Information

In case of an emergency, please contact:

Name Relationship Phone #(s) (include area code)

Name Relationship Phone #(s) (include area code)

LIST PEOPLE AUTHORIZED TO PICK UP YOUR CHILD:

Name Relationship Phone #(s) (include area code)

Name Relationship Phone #(s) (include area code)

Name Relationship Phone #(s) (include area code)

All youths are released at the end of program to their parent/guardian or one of the individuals listed on this form. NO EXCEPTIONS! The Program will release the youth to either parent/guardian listed on the application unless directed by a court to do otherwise. Photo identification must be provided at time of pick up.

In the event of an emergency, if I cannot be contacted, you have my permission to treat my child.

Parent/Guardian

Signature: _____ Date: _____

Insurance Company: _____ Policy Number _____

Name of Minor's doctor/pediatrician: _____

Phone number: _____



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Code of Conduct

In order to maintain a safe and peaceful program environment, we require parents and youths to read and comprehend the importance of abiding by the following code of conduct.

I will follow the program schedule. I will bring only the listed items to program (no weapons, electronic items, etc.). I will respect counselors, directors, and other youths by not using foul language, name calling or fighting. I will follow all safety rules set forth by the program staff.

Youth Signature: _____

Date: _____

I agree to help my child abide by this code of conduct.

Parent/Guardian Signature: _____

Date: _____

How did you hear about this Program? _____

Disciplinary Policy

Grow2Live Program is meant to be a fun, educational and recreational activity. For the benefit of all youths, it is important that children behave appropriately within the program. If it becomes necessary to take disciplinary action against a youth, the steps that will be followed are outlined below.

1st Incident: The youth will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible, this will be done in a one-on-one setting removed from other youths).

2nd Incident: Staff will determine an appropriate consequence for the youth's actions (examples may include a "time out" or exclusion from participating in an activity). The youth's parent will be notified of their behavior when they arrive to pick up a child.

3rd Incident: The child will be excused from the Grow2Live Program.

Grow2Live Program reserves the right to bar any child from the Program following a first incident in cases of serious behavior problems.



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Authorization Form

Authorization of Treatment

I hereby give my permission to the medical personnel selected by the Program director to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment including authorization for my child named above.

Initials

Release Statement

I acknowledge that there are natural hazards associated with gardening and related activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities of program. In consideration of the Grow2Live Program accepting my child, I hereby release and forever discharge Hope Road Inc., its units, agents and employees for all claim of liability for any damages or injuries which may be sustained while my child is at program.

Initials

Photo Release

I hereby give my permission for my child's picture to be used by Grow2Live publications or video youths.

Initials

Gardening Activities

I understand that the Grow2Live Program includes activities with the ground using tools necessary for plant growth. I give my permission for my child to participate in all activities included in this program.

Initials

Travel

I give my permission for my child to travel to participate in planned field trips to destinations which correlate to the program lessons. I understand that I will be informed of the field trips scheduled beforehand.

Initials

Note: By initialing above, you acknowledge that you have read and agree to each item.

Would you like to be updated on schedules and Program activities through email?

If yes, please provide email address. _____