



Emergency Information and Participation Waiver

Tel: (250)372-7725 Fax: (250) 372-3023 Website: www.kamloopsy.org

Name: _____
Surname First Name Middle

Address: _____

City: _____ Postal code _____

School: _____
Name Grade Birthday (mm/dd/yy)

Allergies/medical concerns: _____

Parents/Guardians: _____

Phone: _____
Home Cell Daytime contact number

Emergency Contact:

Name Daytime contact number

Parental Consent & Indemnity Agreement

I agree to assume all risks involved in participating in the Power of Being a Girl Planning Group and Conference. I agree to indemnify and save harmless the Kamloops Community YMCA-YWCA, its servants and agents, relieving them of all ability for losses or damages of all and every description, I may suffer or be put to.

Date Signature of Parent/Guardian

Printed Parent/Guardian's Name

Photo consent

For the duration of the planning group and on the day of the conference media and the Kamloops Community YMCA YWCA will be covering the event. Video, photos, and name of the youth may be taken and publicized in newspaper, television, internet and used for display purposes by the Kamloops Community YMCA YWCA.

_____ Yes, I give Photo Consent

_____ No, I do not give Photo Consent

Signature (Parent/Guardian) _____

Volunteer Opportunities

I, _____ (insert name) am willing to volunteer to assist with: _____