Greater Maple Valley Community Center
Established 1976

Youth Opportunities (YO!) PERMISSION FORM

Participant Name	Today's Date	Home Phone	E-mail Address
Street Address	Mailing Address (if different)	City/ST	Zip

School	Date of Birth	Male ☐ Female ☐	Language other than English?	Does participant have a disability? Yes ☐ No ☐

Allergies	Special needs & additional comments

Physicians Name	Phone Number	Insurance Company	Subcriber Name & Medical Number

Parents Name (s)	Address (if different than above)	Home Phone	Cell or work
1._____	1._____	1._____	1._____
2._____	2._____	2._____	2._____

Additional members of household	Relationship to participant	Date of Birth	Place of school or work (if applicable)
1._____	_____	_____	_____
2._____	_____	_____	_____
List others on back			

Emergency contact if parents cannot be reached	Home Phone	Cell or work	Authorized to pick up	*Participant can be left home alone?*
1._____	1._____	1._____	Yes ☐ No ☐	*Yes ☐ No ☐*
2._____	2._____	2._____	Yes ☐ No ☐	

Program Hours
Please be prompt when dropping off and picking up youth, as supervision is only provided during program hours. Youth will be released to those you have authorized, or may leave unchaperoned with prior permission.

Snacks
Snacks will be provided, but please let us know if your youth has any dietary restrictions or allergies.

Injury/Illness Procedure
If a participant is injured, appropriate first aid will be given, and 911 called as necessary. A parent/guardian will be notified as soon as possible. Authorization for emergency medical treatment must be signed prior to program participation. If a participant becomes ill, parent/guardians will be contacted to pick up youth as soon as possible.

Agreement of Mutual Respect
GMVCC is a place where everyone can feel safe and respected. To achieve this, program participants will agree to the following:

- Treat others with respect, and respect the authority of adult supervisors/chaperones.
- Abide by GMVCC's "zero tolerance" policy for:
  - Use or possession of illegal substances, including alcohol, tobacco, drugs, and/or drug paraphernalia.
  - Illegal gambling.
  - Use or possession of weapons of any kind.
- Obey the general laws of the land.

Youth will be encouraged to make good choices when relating to each other and to the adults in the program. They will be encouraged to practice conflict resolution skills and to work through any problems they may experience with another person. For the safety and security of all, threatening the safety of one's self, another person or property, or failure to abide by the "zero tolerance" policy, will result in immediate removal from program.

Parent Permission
My signature below grants permission for _____ to participate in activities sponsored by the Greater Maple Valley Community Center (GMVCC), including field trips & transportation in approved vehicles (vans or designated staff car), and assume all risks and hazards of the conduct of these activities. I agree to hold harmless GMVCC, its officers, employees, volunteers and agents, from all liability including any and all claims stemming from injuries, damages or losses that my be incurred by participation in, &/or the transportation to/from, these activities. I also grant GMVCC permission to use photos that may be taken of participant during activities for use in various publications, including GMVCC newsletter, web site, press releases and other articles.

My signature below also authorizes GMVCC staff to obtain emergency medical treatment for _____ in the event that I cannot be reached, and such treatment is deemed necessary by medical professionals.

_____ _____
Parent Signature authorizing program permission & medical treatment Date

_____ _____
Participant Signature understanding Agreement of Mutual Respect Date