

YES AMBASSADORS 2011-12 Participation Permission Slip

Effective from date of signature through June 30, 2012

Please Print Clearly

STUDENT'S NAME: _____
Last First

24 Hour Emergency Contact

Full Name: _____

Relation: _____

Phone Contact(s): _____

Medical Condition

Above named child has a medical condition would affect or limit full participation: Yes No

If yes, please explain: _____

Above named child takes routine medication: Yes No

If yes, please explain: _____

Child's Tee-Shirt Size

Children's' Sizes: S M L XL
 Adult Sizes: S M L XL XXL

Pant Size Waist _____ Inseam _____

Carpooling

I could participate in a carpool:

Yes No

My phone number and location information may be released for carpool:

Yes No

My location is: _____ City: _____
Street Name

My cross streets are: _____ and _____
Street Name Street Name

Please Print Clearly

STUDENT'S NAME: _____
Last First



YES, please Initial	No
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I have reviewed the Contract of Commitment signed by my child and give my permission for my child to participate in YES AMBASSADORS and will help him/her to be in attendance at all required rehearsals and performances.

I hereby certify that my child is in good health for participation in YES AMBASSADORS. Any medical conditions, allergies, and/or medications have been revealed on this document or as an attachment.

I give my permission for my child to participate in surveys that would be administered at the beginning and/or end of YES AMBASSADORS that will measure attitudes, knowledge and/or behavior.

I understand that if my child is unable to assimilate to the program and in turn negatively affects fellow AMBASSADORS members or inhibits personal and/or group safety, s/he will be dropped from the program at any time, forfeiting any fees.

I certify that during lunches/breaks my child may leave campus/facility.

I give my permission for my child to ride in fellow cast members' vehicles during lunches/breaks.

Whenever possible, I will try to assist my child with transportation. In the event I am unable to transport my child, I give my permission for him/her to carpool with fellow cast members, other parents, or to be transported by a Stanislaus County Office of Education (SCOE) employee.

I, _____, give my consent for my child to be photographed and hereby authorize the Stanislaus County Office of Education (SCOE) to use and reproduce these photographs for SCOE publicity, promotional purposes, and/or grant documentation.

I, _____, agree to hold harmless Stanislaus County Office of Education (SCOE) or its staff for any personal injury or property damage resulting from participation in any YES Company program and/or transportation provided by SCOE at my request or with my consent.

Parent/Guardian Signature

Date