

Registrant's Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

## **K Youth permission form**

This form must be enclosed with the registration forms for **all youth age newborn to 13 (as of July 18, 2010)**. We must have one form per participant. Please make copies of this form for each additional child as needed.

Parent or legal guardian: \_\_\_\_\_

I do hereby give permission for my child, listed below, to participate in all SUUSI activities (both on and off site) and release SUUSI from any liability associated with these activities. It is understood that my child will either participate in the SUUSI programs or be under my care, supervision and responsibility. Photocopies of this document shall have the same force and effect as the original. SUUSI staff is authorized to obtain medical care as needed for this child.

**PROOF OF AGE REQUIREMENT:** Each youth registering for the SUUSI Youth Program must provide, along with other enrollment forms, a photocopy of his or her passport or birth certificate as proof that he or she is between 0 and 13 years of age as of July 18, 2010. Mail the proof of age along with your registration forms.

**LIABILITY WAIVER:** In consideration of the inherent potential for personal injury or property damage to any participant in sponsored programs and activities at SUUSI, to the extent permitted by law, I/we hereby release and indemnify SUUSI and its staff and volunteers from liability for their acts or omissions in good faith.

**TRANSPORTATION:** I/we give consent to SUUSI staff, volunteers and workshop leaders to transport my/our child by van, bus or automobile.

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age as of July 18, 2010: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of parent/guardian who will be at SUUSI:

Primary contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/legal guardian signature(s):

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Please provide any additional information about which you think SUUSI staff should be aware in order to better care for this child:

\_\_\_\_\_  
\_\_\_\_\_

## **L** Rules for Youth form

This form must be enclosed with the Registration forms for **all youth age newborn to 13**. We must have one form per participant. Please make copies of this form for each additional child as needed.

1. No weapons, violence or destructive behavior.
2. No use or possession of alcohol, tobacco or illegal drugs.
3. There is a 9:30 pm curfew for all youth. No youth are permitted to be outside of the dorm of their parent/guardian after curfew; unless: a) the youth is accompanied by their parent/guardian, or b) the youth is participating in scheduled Youth programming.
4. No behavior or activity considered unsafe and/or which severely disrupts Youth Program operations and/or interferes with the rights of other participants to receive program services and/or draws significant attention away from staff potentially endangering other participants through lack of supervision of them.

VIOLATION OF RULES 1, 2, 3 OR 4 MAY RESULT IN REMOVAL FROM YOUTH PROGRAMMING or from SUUSI entirely.

5. No throwing things out windows. SUUSI participants may not lean or hang out of windows.
6. Youth must be supervised at all times.
7. No abuse of legal drugs or stimulants.
8. Parent/guardian will be responsible for damages caused by youth.
9. The Board's position is that all youth continue any scheduled medication programs during SUUSI.

I have read the above rules. I understand that violation of rules will result in disciplinary action.

Signed:

Parent \_\_\_\_\_

Youth \_\_\_\_\_ (if old enough to write)

Registrant's Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

**M Guardianship form** (for children **not** your own **and** under 18 years of age)

If you bring children to SUUSI for whom you are not the permanent legal guardian, this form must be signed by the child's legal guardian, notarized and submitted with registration forms. You may not serve as a guardian for more than two youth or teens for whom you are not the legal guardian

Parent/Legal guardian: \_\_\_\_\_

I do hereby authorize (SUUSI guardian) \_\_\_\_\_ to give permission for medical or surgical treatment and otherwise act as guardian for my child listed below.

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010

\_\_\_\_\_ My commission expires \_\_\_\_\_

I agree to serve as guardian at SUUSI for the child listed above:

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

You must be 21 or older to be a guardian.