



REGISTRATION AND RELEASE(S) FORM

Participant's Name: _____ Participant prefers to be called: _____

Birth Date: _____ School: _____ School Grade: _____

Participant's Primary Care-Givers: _____

Mailing Address(es):	Adult(s) Phone #'s
_____	_____
_____	_____
_____	_____

Adult(s) email addresses: _____

Note: Communication about events will often be done by email. *Please list emails that you check on a regular basis.*

Adults in the home use Facebook, Twitter, and Instagram? ____ Yes ____ No
(Circle One(s) Social Media Used Frequently)

Best Way to Contact/Communicate: _____

Participant email address: _____ Participant uses Facebook? ____ Yes ____ No

In Case of Emergency, please contact _____ at _____

PHOTO RELEASE:

PYW has a nonprofit website and an account where photos and videos from group events are periodically published. We also have a Group bulletin board where we sometimes post photos from events. It is PYW's policy that photos of children are never published with names or other identifying information.

Initial one:

_____ Yes, you can use pictures and videos of my child. I hereby grant Phenomenal Young Women in White Plains, Maryland the permission to use my child's likeness in photographs, video, and other media in any and all of its publications, including bulletin boards and website entries. I waive any right to royalties or other compensation arising or related to the use of the photographs or videos.

_____ No—please do not print or publish photos of videos of my child online or in nonprofit group-related publications.

GENERAL RELEASE:

“I/We hereby grant permission for my/our child _____ to be a member of the Phenomenal Young Women in White Plains, Maryland and to participate in activities arranged by the Phenomenal Women Team in this regard from time to time. We recognize the importance of the commitment that she makes and that her participation as a part of a larger community calls for responsible behavior. Therefore, I/we agree that if this child engages in behavior which, in the judgment of the adult leaders, is not in the best interest of the trip or event, our/my child or any member of the group may, therefore, be sent home. I/We will assume full legal and financial responsibilities for such a return trip.”

“I/We hereby release from any liability Phenomenal Young Women in White Plains, Maryland and all of its personnel, employees, adult leaders and representatives from any claims for unintended or unexpected accidents which might occur during participation in group events or traveling to or from said events. In granting this permission and release, I/We specifically recognize that my child may from time to time be transported to events by private vehicles operated by advisors or volunteers not as agents, employees or representatives. In such regard, I/We specifically release and will hold harmless Phenomenal Young Women their officers, employees, agents and representatives from any and all liability which may arise as a result of such transportation whether or not organized by Phenomenal Young Women in White Plains, Maryland.”

Signature of Participant

Date

Signature of Parent / Guardian

Date



PARTICIPANT HEALTH FORM 2016

Participant's Name: _____ Birth Date: _____ Gender: _____

Name of Parent / Guardian: _____

Address: _____

Day Phone: _____ Night Phone: _____

Doctor's Name _____

Address _____ Zip _____ Phone _____

Health Insurance: _____ Policy or Plan # _____

Participant's Medical # (if applicable): _____

Name of emergency contact: _____ Relationship: _____

Address _____ Zip _____ Day Phone _____ Night Phone _____

Does this participant have any physical, psychiatric, emotional or behavioral conditions of which the youth group advisor should be aware? (Please use the back of this form or an additional page(s) if necessary)

Restrictions on activities: _____

Regularly prescribed medications and doses: _____

Date of most recent tetanus booster? _____ Allergies to drugs? _____

Allergies or special diet? _____

PARENT / GUARDIAN AUTHORIZATION:

This health history is correct as far as I know. The person herein described has my permission to engage in all prescribed activities except as noted above. The following authorization empowers the staff of Phenomenal Young Women in White Plains, Maryland and adult leaders to take whatever steps they deem necessary to insure the well being of my child should a medical emergency occur during a youth group meeting/activity.

Every attempt will be made to contact the child's care-givers and/or emergency contact provided.

I, _____ do hereby authorize Phenomenal Young Women in White Plains, Maryland to take necessary emergency measures in the treatment of (participant): _____ if needed. My child is in good physical health and does not have any conditions or disabilities which may be aggravated except as noted on this form. In the event that I cannot be reached in an emergency, I hereby the authorize the physician selected by Central Congregational Church, UCC to hospitalize, secure proper treatment for, and order injections, anesthesia and surgery for my child named above.

Signature of Parent / Guardian

Date



PLEDGE OF EXCELLENCE & MASTER PERMISSION SLIP 2016

PLEDGE OF EXCELLENCE

A pledge of excellence is an agreement in partnership with PYW between members of a community. As a participant in PYW activities and trips, I, _____ pledge to exemplify EXCELLENCE. I pledge to be open minded, flexible, and compassionate, showing respect for other people, their bodies, their property, their cultures, and their beliefs. I also pledge to listen to directions, to be mindful of safety, and to refrain from any behavior that harms or endangers myself, others, or the health of the group, including but not limited to bullying, sexual activity, harassment, violence, negativity, intense displays of affection, and possession or use of tobacco, alcohol, or drugs not prescribed to me. I pledge to speak up about my own needs and to speak to an adult immediately if I feel unsafe or if I witness breaches of pledge.

I understand that when we keep our pledge of excellence promises to each other, we a safe environment in which we are all lifted up. When we break covenant with each other, we break trust and disrupt our ability to operate as a safe and devoted community. I understand that should I decide to break this pledge of excellence; I may be asked by adult leaders to leave the activity or event. At the discretion of the Directors and/or the adult leaders, I may also be referred to have a parent conference with the PYW Directors for support and may be expected to speak to before my PYW Peer Panel to discuss my choices before being allowed to participate in future PYW activities.

Signature of Participant

Date

Signature of Parent(s)/Guardian(s) (participants under 18)

Date

MASTER PERMISSION SLIP

Note: Care-givers will be notified in advance about the dates and destinations of all trips.

_____ has my permission to go on all field trips and to all events with the Phenomenal Young Women in White Plains, Maryland for the 2016 Calendar Year from August 1, 2016 – December 31, 2016 unless I specify otherwise in writing.

Signature of Parent(s)/Guardian(s)

Date