



NEW CANAAN YMCA  
MIDDLE SCHOOL MADNESS  
EVENT PERMISSION SLIP

*\*New permission slip required for each event \**

**PARTICIPANT**

As a participant of the YMCA Middle School Madness, I agree to follow the code of conduct stated on the next page. I understand that my participation in the program may be terminated if the code of conduct is not followed.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARENT**

As a parent/guardian of the Middle School Madness participant, I agree with the Code of Conduct and support the YMCA in any decisions made in enforcing it. I have also reviewed all the rules with my child.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Medical & Photo Authorization**

I authorize emergency medical treatment for my child and agree to assume the costs of any such treatment. I authorize the use of any photographic images taken of my child while participating in the Teen Programs in YMCA-related promotional materials.

Signature \_\_\_\_\_

Student Name \_\_\_\_\_

Current Grade \_\_\_\_\_ School \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Father's name \_\_\_\_\_ Father's Cell # \_\_\_\_\_

In the event that we need to contact you or the person responsible for your child during this Middle School Madness event, please list the name and phone number below.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

*\* Entry to Middle School Madness Event requires this permission slip \**

Code of Conduct and Waiver on the other side of this form

**CODE OF CONDUCT**

**Teen Participant:**

- All participants are expected to show respect to others and staff at all times; swearing, fighting and/or rowdy behavior is not permitted.
- Possession or use of drugs, alcohol and/or tobacco products are strictly forbidden at all times and is cause for immediate dismissal from any YMCA programs.
- Middle School Madness participants are required to register and remain inside the building - in designated program areas - during the scheduled programs.
- Middle School Madness participants must be picked up by car - no walking is permitted!

**Parent:**

- I agree to be available by phone during the hours my child is participating at the YMCA.
- I also understand I am responsible for picking my child up promptly from Middle School Madness or arranging for another responsible adult to do so.

*Note: The YMCA is not responsible for loss or damage to personal property.*

**NEW CANAAN YMCA**

**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

To: The New Canaan YMCA, New Canaan, Connecticut, its branches, officers, directors, trustees, managers, employees, volunteer staff and agents (collectively and individually hereinafter referred to as the "Y").

The undersigned on behalf of himself/herself, and his/her minor children named below (hereinafter collectively and individually referred to as the "Releasors") acknowledges that Releasors may participate in activities involving risk of injury to person or property, and that they assume all responsibility for all such risk. Other than as set forth below, the undersigned certifies that each of the Releasors is in good health with no condition, illness or abnormality which might subject them to undue personal risk from engaging in such activities. In the event of any emergency requiring medical care, the Y is hereby authorized to use it best efforts to obtain whatever medical treatment it deems necessary or appropriate under the circumstances.

Furthermore, to the extent permitted by law, the undersigned on behalf of the Releasors hereby specifically releases, waives, discharges and covenants not to sue the Y with respect to any or all liability to the Releasors, their heirs, personal representatives and assigns for any loss or damage, and any claim or demand therefore, on account of injury to person or property, including death unless caused by the gross negligence or willful misconduct of the Y or its employees while Releasors are in, on or about any premises of the Y or using any of the Y's facilities or equipment or participating in any program affiliated with the Y, without regard to location.

The undersigned expressly agrees that the foregoing Waiver of Liability is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, the undersigned agrees that the balance shall; notwithstanding, continue in full force and effect. The undersigned understands that the Y has the right to dismiss any person whose actions or attitude are deemed detrimental to the Y and/or other participants, with all fees forfeited.

**PARENT/GUARDIAN** (Print Name): \_\_\_\_\_

**PARTICIPANT** of Program/Activity: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

If emergency contact or medical concerns change, the undersigned accepts the responsibility for notifying the Y in writing of this change. The undersigned gives permission for photos or videotapes of himself/herself and his/her children named below while participating in Y activities to be used for promotional purposes. *(Cross out and initial if permission **not** given.)* \_\_\_\_\_

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY, AND FURTHER AGREES THAT NO REPRESENTATIONS OR STATEMENTS OTHER THAN THOSE SET FORTH HEREIN HAVE BEEN MADE.

**PLEASE PRINT NAME CLEARLY:** \_\_\_\_\_

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

\_\_\_\_\_  
Signature (must be 18 years of age or older)