

State YMCA of Maine
the Y YOUTH IN GOVERNMENT
Participant Permission Form

Participant Name

School

I grant permission to my son / daughter / legal dependent to participate in the State YMCA of Maine Youth in Government program. I understand that it is my responsibility to have adequate insurance to cover any and all injuries directly or indirectly related to participation in the Youth in Government Program.

I have read and agree to adhere to the Code of Conduct and Dress Code.

I grant permission to the YMCA Youth in Government staff to insure that my son / daughter / legal dependent to receive emergency medical attention. I understand that I will be contacted as soon as possible.

I agree to hold harmless the State YMCA of Maine Youth in Government Program, their staff, volunteers and agents for any injuries from participation in the program.

Parental Signature

Date

Participant Signature

Date

INSURANCE CARRIER

POLICY NUMBER

This form must be given to your advisor and / or be handed in at registration at Augusta Session.