

Please READ, SIGN & RETURN to the Cortland Youth Bureau
Teen Center/Youth Bureau office with your signed Permission
Slip and Payment.
Thank you!

REGISTRATION INFORMATION: Registration is on a first-come, first-serve basis and spots will not be held until payment has been made. ***No refunds or exchanges for field trips will be made after the Designated Registration Deadline for the trip has passed.*** All return times for field trips are approximate. Parents will be called in the event of a significant delay in return time.

ELIGIBILITY INFORMATION: This field trip is a program of the Cortland Youth Bureau Teen Center and as such, field trip participants must be aged 13 -18 years, or in 7th - 12th grade (including those attending a trip during the summer before their 7th grade year or after their 12th grade year). Once the trip has become full we allow signups on a waiting list. Those on the waiting list will be given the opportunity to attend in turn if registrant cancellations occur.

PRICING: Please read individual trip registration packets closely and plan accordingly; for example, some prices do not include all meals. All prices for overnight trips include accommodations, and most require you to bring your own bedding.

TRIP SUPERVISION: ***On most trips, youth are allowed to leave the presence of their chaperone(s) for designated periods of time once everyone has arrive at the trip destination. Please speak with a staff person at the time of registration if you have any questions or concerns about this policy or would like to request that your child remain with adult chaperone(s) at all times.***

I have read, understand and agree to the Registration, Eligibility, Pricing and Supervision information provided on this document.

Child's First and Last Name

Parent/Legal Guardian Signature

Date

(Revised: 2/09)

CITY OF CORTLAND YOUTH BUREAU
PERMISSION SLIP AND AUTHORIZATION FOR TREATMENT OF MINORS

As a precaution that the parents know and approve of their child participating in the field trip or program on (trip date): _____

known as (Trip/Program Name): _____, please sign and return this form to the City of Cortland Youth Bureau main office or Teen Center at 35 Port Watson Street by the trip registration deadline.

I, the undersigned parent/guardian of (Child's First and Last Name): _____ do hereby for myself, my heirs, executors and administrators, waive and release any and all right claims or damages I may have against the City of Cortland Youth Bureau, their representatives, successors, and assigns for any and all injuries, illness, and loss or damage of personal property by the above named person, while traveling to or from and/or participating in this program or trip. I also understand and agree that my child's photo may be taken while participating in City of Cortland Youth Bureau sponsored programs or trips and such photos may be used for promotional publication purposes.

Child's Date of Birth: ____/____/____ Grade (if summer trip grade entered in the fall): _____

Parent or Legal Guardian's Signature: _____ Date: ____/____/____

Address: _____

Telephone Number: (____) ____-_____

Emergency Telephone Number: (____) ____-_____

RULES

1. Valuable items or large amounts of money should not be taken on trips.
2. An emergency phone number **MUST** be listed.
3. Any person who does not comply with bus/van rules, which are the same as if riding a school bus, may be denied a return ride on the bus/van (if other travel can be arranged), and may not be permitted to participate in other City of Cortland Youth Bureau trips/programs. Alternate transportation will be at the parent/guardian's expense.
4. Any person who does not follow general rules set forth by program or field trip supervisors may not be permitted to participate in other City of Cortland Youth Bureau trips/programs.

AUTHORIZATION FOR EMERGENCY TREATMENT OF MINORS

I, being the parent or legal guardian of the above named minor, do hereby appoint: *The City of Cortland Youth Bureau* to act on my behalf in authorizing emergency medical, dental, surgical care and/or hospitalization for the above named minor during the period of my absence during the above named field trip/program.

Parent or Legal Guardian's Signature: _____ Date: ____/____/____

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care or hospitalization of above named minor may be required.

PLEASE LIST: ALLERGIES (including of medications)

MEDICATIONS (child is currently taking)

Please note that if you require a chaperone to distribute medication to your child during a trip, a medication release waiver must be completed to accompany the medication on the trip. Please request a form from a staff person if needed.

Date of Last Tetanus Shot: _____ Any other medical problems: _____

Hospitalization Insurance: _____ Identification/Contract #: _____

This form must be completed each time a child participates in a
City of Cortland Youth Bureau sponsored trip.