



## YouthNetwork Parent/ Guardian Agreement

Dear Parent/ Guardian:

To become a member of YouthNetwork and to participate in Volunteer Nanaimo's projects and activities, youth volunteers under the age of majority in BC must have written permission. Please complete the information below and email it to [volunteernanaimo.youthnetwork@gmail.com](mailto:volunteernanaimo.youthnetwork@gmail.com).

### **Medical Authorization:**

At any time, due to such circumstances as an accident or sudden illness, I hereby give permission for emergency medical treatment to be obtained for my child. I understand that a representative of YouthNetwork or Nanaimo Volunteer and Information Center Society will call me prior to leaving or upon arrival at the emergency destination and that I will be responsible for all related expenses incurred (i.e. Ambulance or taxi costs, etc.).

### **Disclaimer:**

I understand that the adult supervisors will accompany my child on all projects and activities. I also understand that the supervisors may be volunteers and that the project or activity will involve the normal level of risk associated with such a project or activity. I agree that this form shall waive any rights, claims of responsibility or liability, or cause of action resulting from personal injury to my child in the program, and agree to indemnify Nanaimo Volunteer and Information Center Society and its employees or representatives from any such claims. In the event that my child is photographed or videotaped for publicity purposes while participating in a YouthNetwork project, the picture or video may be used by the YouthNetwork or any of its sponsoring agencies for promotional material.

**Parent's/ Guardians Responsibility** – I will inform the supervisor of any particular physical, mental, social, or other conditions of my child of which the supervisor should be made aware.



**Parent/ Guardian, please complete the following information:**

**PARTICIPANT INFORMATION**

Youth Name	
Parent/ Guardian Name	
Home Phone Number	
Business Phone Number	
Emergency Contact Name	
Emergency Contact Number	
Emergency Contact Relationship	

Please list any special medical condition, allergies, medications being taken currently, etc.	
Family Doctor's Name	
Family Doctor's Phone Number	
Health Care Card Number	

**I hereby declare that the information provided is true and correct.**

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date