



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## CALIFORNIA YMCA YOUTH & GOVERNMENT 17TH MODEL UNITED NATIONS AUTHORIZATION FORM

### DELEGATION INFORMATION

Delegation Name: \_\_\_\_\_

### PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Dental Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Mobile Phone: (    ) \_\_\_\_\_ Other Phone: (    ) \_\_\_\_\_

Alternate Parent or Guardian Name: \_\_\_\_\_

Mobile Phone: (    ) \_\_\_\_\_ Other Phone: (    ) \_\_\_\_\_

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

Mobile Phone: (    ) \_\_\_\_\_ Other Phone: (    ) \_\_\_\_\_

### MEDICAL INFORMATION

What (if any) medical condition(s) do you have that could affect your experience at conference?

\_\_\_\_\_

\_\_\_\_\_

If you have any serious allergies, list them:

\_\_\_\_\_

\_\_\_\_\_

If you are taking any prescription medications, list them:

\_\_\_\_\_

\_\_\_\_\_

If you are currently under a doctor's care, explain reason:

\_\_\_\_\_

\_\_\_\_\_

### SIGNATURE OF AGREEMENT

I have read, understand and agree to the statements written on page two of this document.

Participant Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**CODE OF CONDUCT AGREEMENT** For participants and volunteers: By signing, I acknowledge that I have read, understand and will follow the California YMCA Youth & Government (Y&G) Code of Conduct at all conferences or YMCA functions.

For parents/guardians of participants: By signing, I acknowledge that I have read and reviewed the Code of Conduct with my child and I accept the responsibility for my child's adherence to it. I also understand that if my child violates the Code of Conduct and is expelled from the program, that I am responsible for their immediate transport home from the conference or YMCA function. This transport shall be done at my expense.

**ANONYMOUS DATA COLLECTION RELEASE** California YMCA Youth & Government (Y&G) continually strives to improve the program experience for participants. As part of that process, we work with other YMCA organizations as well as outside researchers to design and implement surveys to learn about experiences and growth during Y&G, as well as standard background information. The information collected is held in confidence by Y&G and the researchers have no ability to identify any individual participant. Identifying information will never be released to anyone outside Y&G. During the course of our study, we hope to conduct interviews with individual participants. Before that is done, the student and their parent or guardian will be asked to sign an additional consent form. I have read and agree to these conditions.

**EMERGENCY NOTIFICATION RELEASE** Permission is granted for California YMCA Youth & Government to have access to mobile phone information for use with emergency notification purposes only. To opt-out, delegates must contact the Y&G office.

**MEDIA RELEASE** Permission is granted for photographs, DVD, video or audio recording of participants or volunteers that are taken during their participation in the California YMCA Youth & Government (Y&G) program, in any format including electronic media, to be used by the program for any purpose, including publicity. The participant and his/her parents hereby waive and forever relinquish any rights to such images, waive the right to prior notice of such use, and acknowledge the right for Y&G to use such images without compensation. I have read and agree to these conditions.

**MEDICAL RELEASE** I hereby authorize California YMCA Youth & Government (Y&G) and its authorized director and/or leaders (collectively the YMCA) or an authorized representative of the Y&G program in conjunction with the local YMCA or school advisor (if applicable) to act as guardians for the above named individual. This guardianship grants authority to consent to any medical, dental, surgical or mental health diagnosis or treatments, and hospital care to be rendered to the individual under general or special supervision and upon advice of a healthcare provider licensed under the laws of the state or any other jurisdiction in which emergency medical care is sought. For the purpose of medical care or dental care obtained in the State of California, this authorization is given pursuant to the provisions of section 25.8 of the California Family Code, as amended. I have read and agree to these conditions.

For parents or guardians with participants under 18, all efforts will be made to contact the minor's parent or legal guardian prior to the rendering of medical or dental care. If the emergent nature of the event demands immediate attention, the above listed guardians are authorized to provide the necessary permission needed for required treatment required. The undersigned understands and agrees that California YMCA Youth & Government shall not be legally or financially liable for any claim arising from the medical, dental or mental health care provided pursuant to this authorization. I hereby indicate by the signature below that I am the authorized parent or legal guardian for the above minor.

The undersigned hereby agrees to indemnify and to hold California YMCA Youth & Government harmless from any claim made by or on behalf of said individual arising out of any medical, dental or mental health care provided pursuant to this authorization. This authorization is given to California YMCA Youth & Government for use in conjunction with any event operated by California YMCA Youth & Government including transportation to/from the event and shall be valid until revoked in writing by the undersigned.

**PARTICIPANT HOTEL ACCOMMODATIONS** I understand that hotel sleeping accommodations are shared with other participants up to the maximum allowed by fire code as determined by hotel standards. Delegates seeking reasonable housing or rooming accommodations must communicate their request in advance of conferences to their local YMCA or school who will work with the Y&G housing team. If there are any concerns or questions about housing at conferences or rooming assignments, contact the local YMCA or school.

**REFUND POLICY** I understand that all fees paid to California YMCA Youth and Government are non-refundable. Participants should check with their local YMCA regarding any other applicable refund policies.

**Changing the world, one leader at a time.**

Updated 12/19/2017