



DINÉ YOUTH

PARENTAL CONSENT AND RELEASE FORM



2020 Superhero Fitness Challenge

Youth's Full Name: _____ Age: _____ Date of Birth: _____
Jol Name: _____ Grade: _____ Gender: Male [] Female []
Physical Address: _____
Parent/Guardian's Name: _____
Home Phone No.: _____ Cell Phone No.: _____ Work Phone No.: _____
Email Address: _____

GENERAL CODE OF CONDUCT AGREEMENT

I/We agree to abide by all Diné YOUTH rules, policies and procedures, and codes of conducts associated with participation in Diné YOUTH activities or trips. I /We understand that any violations of the code of conduct or parent and member handbook will be handled according to applicable policies. I/We also acknowledge and accept responsibility for conducting myself as a representative of the Diné YOUTH while participating in Diné YOUTH activity/event/trip/project.

CONDUCT DURING ACTIVITY

I understand that my child's participation in the activity/trip is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for Diné YOUTH activities/trips; Diné YOUTH policies and procedures; and Diné YOUTH Code of Conduct. I understand that all rules and policies apply to my child and other children participating during the course of the Diné YOUTH activity/trip.

CONSENT AND PERMISSION

I, _____, parent/guardian of my child, _____ grant permission for my son/daughter or self (if over the age of 18 years old) to attend and participate in - check one or both - [x] all program activities or [] trip sponsored by the Diné YOUTH either within the Diné YOUTH complex, within the local vicinity, or out of town. I also understand that these activities or trip, will or will not, involve overnight trips.

I have been informed the Diné YOUTH and/or media representatives may want to interview, photograph, or video my child for use in publications, television reports, public presentations, radio and other communications, and websites for the purposes of advertising or publicising events, activities, facilities and programs of the Diné YOUTH. The photographs may be of groups of child participants or individuals, and the child(ren)s' first name only will be used. For child(ren)'s protection online, a child's photo and the last name will not appear together on the Diné YOUTH websites.

Please mark one of the choices below:

- [] I give permission for my child to be photographed and interviewed and permission to have my child's name used. Only first name will be used on the website if a photograph of my child is also displayed on the webpage.
[] I give permission for my child to be photographed, but do not want my child's name used.
[] I do not want my child photographed or interviewed and do not want his or her name used.

MEDICAL RELEASE STATEMENT

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

In case of an emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the Diné YOUTH staff member to use their judgement in obtaining medical service for my child and act on my behalf to admit my child to a local health facility for emergency examination, treatment, administration of appropriate medication, and/or surgical procedures required. I give permission to a qualified certified medical provider in charge, an Emergency Medical Technician, and/or physician ("medical providers") to render proper medical treatment deemed necessary and appropriate, including hospitalization, anesthesia, surgery, or injections of medications for my child. I authorize the medical providers to disclose to the Diné YOUTH staff member acting on my behalf of examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in program activities.



PLEASE LIST ANY SPECIAL HEALTH FACTORS WHICH YOUR SON/DAUGHTER OR YOU HAS, SUCH AS ASTHMA, HEART CONDITION, EPILEPSY, DIABETES, ALLERGIES/ALLERGIC REACTIONS TO MEDICATION, FOOD, ETC.:

PLEASE LIST ANY PRESCRIBED MEDICATIONS THAT YOUR SON/DAUGHTER OR YOU ARE OR WILL BE TAKING WHILE ATTENDING THESE ACTIVITIES OR TRIPS:

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER OF RESPONSIBILITY

In consideration of my child's/self acceptance of this entry, for my child, myself, heirs, or administrators; I/We hereby release the Diné YOUTH, its employees, volunteers, and its sponsoring organizations or representatives ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of any damage or injury sustained by my child/myself in any activity, including any transportation to and from Diné YOUTH site related indirectly/directly to my child's/self participation in said activity/event/trip/project; or (b) arising out of my child's failure to comply with the Diné YOUTH policies, procedures, and the Code of Conduct. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

I also understand that these activity/event/trip/project may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

SIGNATURE

I/We confirm that I/we have carefully read this CONSENT AND RELEASE FORM and agree to its terms knowingly and voluntarily.

PARENT/GUARDIAN/SELF: I, confirm that I am the parent or legal guardian of the child or I am a participant 18 years of age or older.

This consent and release has been read and is understood by me.

Signature of Youth

Date

Signature of Parent/Guardian (if youth is less than 18 years old)

Date



DINÉ YOUTH

MEMBER MEDICAL/HEALTH HISTORY FORM

(Entire form must be completed and signed by the parent/guardian)



Youth's Full Name: _____ Date: _____
Home Address: _____ City/State: _____ Zip Code: _____
Date of Birth: _____ Gender: Male [] Female []

Name of Primary Physician: _____ Hospital: _____
Chart No.: _____ Tribal Census No.: _____

INSURANCE INFORMATION:
Policy Holder: _____ Policy or Group No.: _____
Insurance Provider: _____ Medicaid/AHCCCS ID No.: _____

Has child ever or does he/she have any of the following conditions:
Table with 6 columns: YES, NO, CHECK EACH ITEM, YES, NO, CHECK EACH ITEM. Rows include ADD/ADHD, Anemia, Ankle Injury, Arthritis, Asthma, Back Pain, Bleeding/Clotting Disorders, Chicken Pox, Concussion, Contact with TB Patient, Diabetes, Eczema (skin rash), Elbow Injury, Emotional Problems, Epilepsy/Convulsions, Fainting (Frequently), Frequent Ear Infections, Hearing Trouble, Heart Defect/Disease, Hepatitis, Hernia, German Measles, Hypertension, Knee Injury, Kidney Disease/Trouble, Loss of consciousness, Neck Injury, Measles, Menstrual Cramps (severe - FEMALE ONLY), Migraine Headaches, Mononucleosis, Mumps, Operation/Fracture Year, Pneumonia, Polio, Rheumatic Fever, Scoliosis, Seizures, Sinus Trouble (severe), Sore Throat (severe), Spine Injury, Tuberculosis Year, Whooping Cough, Wrist Injury.

Do child have any allergies to food, medication, insects, animals, pollen, etc.? [] Yes [] No
If yes, please list: _____
List prescriptions drugs your child is taking: _____
Reason(s) for taking prescription drugs: _____
Is your child receiving medical treatment? [] Yes [] No If yes, why? _____
Current immunization on file: _____

I give my son/daughter permission to participate in the Diné YOUTH Program. In the event of an emergency or life threatening situation and no other alternative is available, I authorize a DY staff member or qualified Emergency Medical Technician to act as Emergency Authorization on my Child's behalf to admit my child to a local health facility for any of the following: emergency examination, treatment, appropriate medications, and/or required surgical procedures.
Signature of Parent/Guardian (or Participant if over 18 years of age) _____ Date _____

NOTE: Signature of Parent/Guardian must be on file with Diné YOUTH for youth to participate in program events, activities, and/or field trips.