

**Johnsburg Youth Committee/Adirondack Treks  
After School Activities Program  
Permission/Emergency Contact Slip  
2014-2015**

I give my child \_\_\_\_\_ permission to attend any Johnsburg Youth Committee after school program or Adirondack Treks activity. This slip will be good for the entire school year, but I need to give verbal permission for different classes or sessions by calling. I understand that:

To sign up for an after school class, call the instructor at least one week in advance of starting date. For Adirondack Treks programs, call the leader directly one week in advance of event date. Sign-ups are on a first-call, first-serve basis; waiting lists will be kept.

**For an after school program, permission to ride a different bus or the late bus for the session must be sent in to Laurie West, Principal's Office, and child needs to sign up each day s/he rides the late bus. If the activity requires a change in bus, permission for the child to ride a different bus during the activity period must be given to Laurie West.**

My child needs to be dressed appropriately for the weather; a snack or drink is helpful.

If anything changes for emergency contact/medical information below, I need to update it.

Photos, slides, films, or sketches of him/her taken during the activity may be used for publicity and promotion of Youth Committee or Adirondack Treks activities.

**Emergency Contact: Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family Medical and Hospitalization Coverage**

Name of Insurance Company or Government program \_\_\_\_\_

Identification/Policy # \_\_\_\_\_

Family Physician's Name and Phone Number \_\_\_\_\_

Please identify any allergies or issues that an instructor/leader might have to address with your child (bee sting allergy, epilepsy, diabetes): \_\_\_\_\_

I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

**Be sure to advise the JYC/Treks of any changes in the above during the time your child is attending a program.**

**E-Mail Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent/Guardian**