

NEW HAMPSHIRE
YOUTH & GOVERNMENT

Sponsored by the NH/VT State Alliance of YMCAs
Administered through the Greater Manchester Family YMCA
WAIVER FORM

Please Print

Student's Last Name _____ *First* _____ *Middle* _____

has my permission to participate with the _____
_High School delegation in the YMCA's Youth & Government Program at the Pre-Legislative Session on March 17, 2012, the James O'Neil Training on March 29th (if elected), and the Model Legislative Session on March 30-31, 2012. My child will adhere to the Code of Conduct. I understand that transportation is the responsibility of the high school.

Parent's Signature _____ *Print Parent's Name* _____

Telephone: () _____ () _____

Business

Home

The following physical conditions (allergies, a bee sting, special problems, etc.) may limit my son/daughter's participation in the YMCA's Youth & Government Program.

Condition:

Comments:

Note: Medical services and medication shall be paid for by participant's medical insurance.

Insurance Carrier: _____

Policy Holder's Name: _____ Policy #: _____

_____ Date: _____

Advisor's Signature

The Advisor will use reasonable & prudent supervision but is under no financial obligation.

