

**SWUUSI 2008 Children's Programs Consent Form**

Photocopy this form for additional youth. (PLEASE PRINT CLEARLY)

For more information call: (817) 446-0099 or e-mail: swduua@aol.com

All sections of this form must be completed in full.

Mail completed form to:

Connie Nolen, SWUUSI Registrar  
6720 Brentwood Stair Road  
Fort Worth, TX 76112

This form is REQUIRED for any person under the age of 18.

Child's Name _____	Home Phone _____
Date of Birth _____	Grade Fall 2008 _____
	E-mail _____

Parent's name _____	Home Phone _____
Address _____	Work/Mobile Phone _____
City _____	State _____
Zip Code _____	E-mail _____

**Parent's Consent** Child's Name \_\_\_\_\_

has my permission to attend and participate in the following SWUUSI program (circle one)

Nursery K-3rd grade 4th-8th grade 9th-12th grade

Program activities. I understand that children registered in the programs are expected to attend all sessions and stay for the entire session unless the Program Coordinator is notified. Parents must pick up children from the Nursery and Kindergarten - 7th grade programs promptly at the end of each session unless indicated differently below. 8th - 9th grade and Drama Camp participants will be allowed to leave unescorted at the end of each session.

My child may leave each session alone.

**OR**  My child may be picked up by \_\_\_\_\_

**11:00 PM Curfew:** I am aware that I am responsible for ensuring that my young person aged 14 or younger is in his/her room no later than 11:00 PM each evening.

I understand that neither SWUUSI nor its staff can be held legally liable for accident, injury, or illness, and I hereby release them from any such liability. I realize I will be held financially responsible for any property damages assessed to my youth.

**This consent may be photocopied, with photocopies authorized to be as binding as the original.**

My child does not have any medical conditions or limitations

I agree to provide SWUUSI staff with documentation of my child's medical conditions, allergies, limitations and special needs prior to registration on-site.

**RELEASE FOR MEDICAL TREATMENT:** In case of emergency, I grant my permission for the responsible adults on site to do whatever is deemed necessary to ensure the safety and well being of my youth, including authorizing medical care. I shall assume all responsibility for any such medical expenses.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**As a parent/guardian I understand that I may be asked to contribute 2 - 3 hours of time for each child registered in the program. My time preference is (please number in order of preference):**

\_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

**Please complete this section if parent or legal guardian will NOT be in attendance at SWUUSI:**

I hereby appoint another responsible adult, who is at least 21 years of age and will be at SWUUSI, to act as guardian for my child and be contacted in the event of an emergency.

Print Name of SWUUSI Guardian \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_