



Global Youth Service Day

PARENTAL/GUARDIAN CONSENT FORM FOR YOUTH VOLUNTEERS

EVENT INFORMATION

Event: Global Youth Service Day
Location: Mary Ryan Boys and Girls Club, 3000 N. Sherman Blvd.
Sherman Park, 3000 N. Sherman Blvd.
Date: April 12, 2014
Time: 9:30 a.m.-3:30 p.m.

YOUTH VOLUNTEER INFORMATION

Name: _____ Age: _____
Last First Middle

Address: _____ City, State, Zip: _____

Home Phone #: (____) _____ Cell Phone #: (____) _____ Email Address: _____

EMERGENCY MEDICAL INFORMATION

Medical Concerns: Please describe any medical/physical conditions that should be known. Please include any dietary restrictions, allergies, chronic health conditions, and/or medications.

Emergency Contacts: Please list two emergency contacts

Name: _____ Relationship: _____ Phone #: (____) _____

CONSENT TO PARTICIPATE

I hereby give consent for my minor child, _____ to participate in the GYSD Messages of Hope, GYSD Sherman Park Spring Clean-Up, and/or GYSD YouthFest events at the Boys & Girls Club and Sherman Park. I agree to release and hold harmless the Boys & Girls Club, Milwaukee County Parks System, and the Global Youth Service Day Planning Group and their agents, employees, and representatives from liability of any kind in connection with any loss, damage or expense suffered or incurred by the above named youth volunteer or me as the result of any act or failure to act, intentional or unintentional, by (1) any person who is not an agent, employee or representative of the Boys & Girls Club, Milwaukee County Parks System, or Global Youth Service Day Planning Group; or (2) any other event participant.

PHOTO/VIDEO CONSENT

Permission is hereby granted to the Boys & Girls Club, Milwaukee County Parks System, and the Global Youth Service Day Planning Group to use the photographs and quotations of my son/daughter to assist in community awareness, education, and related public relations purposes that may include website, internet, digital, and print media from GYSD events and activities.

Signature of Parent or Guardian Date

Name of Parent or Guardian (Please Print) Cell Phone