



QYFC / YOUTH UNLIMITED
 Box 233 Belleville ON K8N 5A2
 p.(613)969.0471 f.(613)969-0473
 info@qyfc.com / www.qyfc.com



New York City Mission - PERMISSION FORM - July 4-11, 2010

This trip is designed for high school youth. In respecting your privacy, the information you give below is only used for the intent for which you gave it. This information is kept secure by QYFC / Youth Unlimited and not sold or distributed.

Step 1: PERSONAL INFORMATION

Name: _____ Phone: (h) _____ (cell) _____
 Email: _____@_____ School: _____ Grade: _____
 Address: _____ City: _____ Postal Code: _____
 Birth date: M/D/Y ____/____/____ Doctors Name: _____ Phone: _____
 Emergency Contact info: Phone #: _____ Relationship: _____

Step 2: HEALTH HISTORY

Chronic or recurring illness: _____
 Medications: _____
 Is the student self administering the medication? Yes No
 You desire the staff to control the medication? Yes No
 Allergies: _____

Please note that the event is not allergy - free. There may be peanut butter or similar products present.

Step 3: TRAVEL INSURANCE INFORMATION

NOTE: this information is MANDATORY. You will need to secure extra medical insurance at your cost to ensure safe care in the United States. We need to verify your coverage before you're allowed to leave.

Yes, I'm covered by my parents / guardian travel medical insurance:

Policy Holders Name: _____ Company _____ Policy #: _____

Toll Free Contact # that can be used in the United States: _____

No I do not have coverage but will purchase it and show proof before leaving.

Company : _____ Policy #: _____ Toll Free Contact # in US: _____

Step 4: PARENT / GUARDIAN AUTHORIZATION

TREATMENT: I (undersigned) give permission to the physician selected by a Quinte YFC / Youth Unlimited staff person or representative to order X-Rays, routine tests and treatment for the health of the student named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by a Quinte YFC / Youth Unlimited staff person or representative to secure proper treatment for and to order injections and / or anesthesia and /or surgery for my child as named above.

CONDUCT: As a parent / guardian, I understand that I am responsible for any damage caused by my child. In the case of a behavior problem where my child has clearly violated the stated rules, I understand that I will be contacted and my child will be asked to withdraw from the trip and the fee will not be refunded and that the arrangements and cost of transportation or alternative to get back to Canada is my responsibility.

PERMISSION: I, the undersigned, give permission for my child to attend with Quinte YFC / Youth Unlimited to New York City, NY USA from July 4 to July 11, 2010. I also give permission for pictures or videos that may include my child to be used for future promotion of the trip.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Step 5: PAYMENT OPTIONS



Non-refundable deposit of \$150.00 must be submitted before listed deadlines for early bird price.

1. Online: www.campuslifeevents.com - Visa or MasterCard (Mail permission form separately)
2. Hand form and payment to a trip leader (see Leader Contact information in the Parent Package)
3. Mail form & payment to QYFC / Youth Unlimited P.O. Box 233, Belleville, ON K8N5A2
4. Drop off at QYFC / Youth Unlimited office: 320b Sidney St. Belleville (613) 969-0471

***NOTE:** If paying by cheque, please make it payable to: **"Quinte YFC"**



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New York City Mission – CONSENT and RELEASE FORM

Please complete all information in ink and in legible format. The authorization of the child's Parent / Guardian is mandatory in order to ensure proper accountability for participants under the age of 18 on matters related to this trip.

Name: _____ Birth date: M/D/Y ____/____/____
 Address: _____ City: _____ Phone: _____
 Parent / Guardian Name: _____ Relationship: _____

TRIP INFORMATION:

Destination: New York City, NY, USA
 Mode of Transportation: on 12 or 15 passenger vans
 Date of Departure: Thursday July 4, 2010
 Date of Return: Thursday July 11th, 2010
 Supervision: Adam Harris, Spirit Borne Director, Quinte YFC / Youth Unlimited

FINANCIAL RESPONSIBILITY:

In the event that my child (named above) is unable to fulfill his / her financial commitment, I, the undersigned, agree to assume financial responsibility to Quinte YFC / Youth Unlimited for the balance owing for this Missions Trip.

TRAVEL CONSENT:

I (the undersigned) understand that my child (named above) will be traveling to New York City from July 4 to July 11, 2010 with Quinte YFC / Youth Unlimited. I give permission for my child to travel and leave Canada under the supervision of Quinte YFC / Youth Unlimited. For valuable consideration, the receipt of which is hereby acknowledged, the undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Quinte YFC / Youth Unlimited.

RELEASE OF LIABILITY:

The undersigned hereby releases and forever discharges Quinte YFC / Youth Unlimited and its servants, agents, employees and volunteers from legal liability and any or all actions, causes of action, claims and demands whatsoever whether existing as of the date of this trip, or arising in the future as a result of this trip.

I acknowledge that I have read and understand the foregoing prior to signing this Consent and Release form.

Participants Name: _____

Signature (even if over 18 years of age): _____

Date: _____

Parent/Guardian Name: _____

Signature (even if applicant is under 18 years of age): _____

Date: _____