

Jennings County Youth Leadership Permission Form

Name: _____ Graduation year _____

Address: _____ City _____ zip _____

My cell phone #: _____ Carrier- _____ (Verizon, etc)

Home phone #: _____ My email address: _____

Parent or Guardian: _____ phone #: _____

Parent or Guardian: _____ phone #: _____

Other Emergency Contact: _____ phone #: _____

Allergies or medical concerns: _____

As a participant in the Jennings County Youth Leadership Class I agree to the following:

- It will be my responsibility to notify all teachers the days I will be absent from their class.
- I will be responsible for all missed schoolwork.
- I will communicate with JCYL coordinators immediately if I become aware I will miss a class.
- I understand that I am allowed only one unexcused absence from the program.
- I understand that this is a school function and all rules and regulations on behavior will apply.
- I understand that I will be representing the school when we are visiting the community and will dress appropriately. (One shirt will be provided to each participant.)
- I understand that there will be outside assignments with this program.
- I understand that participation in this program is a privilege, and that my actions and behavior must reflect a good image.
- I understand that transportation will be provided and students are not permitted to drive. Those who must arrive late or leave early may do so only with their Parent or Guardian.
- Photographs, video and / or sound recordings will be taken and may be used as desired.

I, Parent or legal guardian of _____, for the consideration of my child participating in the Youth Leadership Program (hereafter referred to as "The Program") hereby release the Jennings County United Way, its agents, members, employees, and volunteers from any claim for personal injury or death occurring during The Program. Further, I agree to save, hold harmless and indemnify all those from any and all liability, which results in the injury or death, which may occur surrounding participation in The Program.

Student's Signature

Parent or Guardian's Signature

_____ Date