



# Prevention Program Application & Activity Registration & Waiver form

## PARTICIPANT WITH MEDICAL CONDITION

Participant Name	Type of Condition/Symptoms	Medications	Medical Provider

## EMERGENCY CONTACT INFORMATION

Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:

## AUTHORIZATION FOR MEDICAL TREATMENT

I, the undersigned do hereby attest that I have the legal responsibility to authorize consent for myself and/or for the minor children listed on this document. Therefore, I authorize Owens Valley Career Development Center's Employees, Contracted Staff, and Collaborators to provide minor(s) first aid, CPR, and other emergency medical techniques within the limits of their training, and to seek, initiate, and authorize emergency medical care.

## PHOTO, TRANSPORTATION AND LIABILITY WAIVER

Having the legal responsibility to authorize consent on my behalf and/or on behalf of the minor children listed on this document, I do hereby give consent for transportation and participation. Additionally, I, the undersigned do, and instruct heirs, executors and administrators, to hereby waive and forever release and discharge the Owens Valley Career Development Center, The Owens Valley Board of Trustees, Employees, Contracted Staff and Collaborators, of and from any and all claims, suits, or rights for damage for personal property damage or physical injury, which may be sustained or which occurs during participation, transportation to activities or that may occur to or from the activities, whether or not such injuries or property damage or loss is caused by The Owens Valley Career Development Center Employees, Contracted Staff, or Collaborators. In addition, I, the undersigned consent to allow any photographs taken to be used by the Owens Valley Career Development Center for any reason, including, but not limited to, public relations, advertising, sales, etc. and agree that such materials shall become the sole and exclusive property of the Owens Valley Career Development Center and further agree to give up the rights, title, and interest in such property, and I hereby release and discharge the Owens Valley Career Development Center, its Board of Trustees, Employees, Contracted Staff and Collaborators from any and all claims, etc. that may arise out of or in connection to the creation of, title to, use and/ or distribution of such materials by the Owens Valley Career Development Center, its Board of Trustees, Employees, Contracted Staff and Collaborators.

## RULES FOR PARTICIPANTS

### OVCDC Tribal TANF – Code of Conduct

- Be helpful, courteous, and respectful to others at all times
- Do not use or possess alcohol, tobacco, or other drugs
- Check in with your event leaders, so they know where you are at, at all times
- Be respectful of other youth (No fighting, pushing, hitting, or "put downs")
- Be respectful of the environment (No littering or vandalism)
- No vulgar language will be tolerated ( NO PETS ALLOWED)

### Safety is our first priority:

If the behavior of an individual is not appropriate, consequences will be determined by the appropriate OVCDC Tribal TANF staff member.

Consequences may include the following:

- Verbal Warning
- Parent Contact
- Sent home from activity at own/parents expense
- Disqualification from future prevention events

## LEGAL PENALTIES DISCLOSURE

If the behavior of an individual is not appropriate, reasonable penalties/consequences will be determined by event leader, OVCDC staff or administration; should the misconduct be illegal, or severe, the proper authorities will be immediately notified, at which point parents will resume responsibility and all legal consequences which may arise.

Adult /Parent / Guardian Signature	Date	Print Name	Relationship to Minor Children
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Adult/Parent / Guardian Signature	Date	Print Name	Relationship to Minor Children
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