

Student Information, 2009 (please print)



Name: _____ Graduation year: _____

Birth Date: _____ Age now: _____ Gender: _____

School: _____

Mailing Address: _____

City: _____ Zip: _____

E-Mail: _____ Parent/guardian email: _____

Home Phone Number: _____ Student Cell Phone: _____

Parent / guardian name(s) _____

Parents' / guardians' Cell Phones: _____

PeaceJam Solano will keep this information in a secure and confidential file. It will only be used as needed and / or permitted. **(Parent and student, please initial each statement and sign at the bottom.)**

1. I give my permission for my youth, _____, to attend the PeaceJam Youth Nonviolence Summit. I understand that references will be made to violence students may experience. _____
2. I give my permission for student information to be shared between the PeaceJam clubs. _____
3. I give my permission for student information to be used by Youth Peace Initiative, Inc. for communication of PeaceJam Solano and Youth Peace Initiative, Inc. activities and events _____
4. I give my permission for parent/guardian information to be used by Youth Peace Initiative Inc. for communication of PeaceJam Solano and Youth Peace Initiative, Inc. activities and events. PeaceJam Solano/Youth Peace Initiative will not share this information with any outside group. _____
5. I understand that the Medical Liability Waiver and Release information form will be kept confidential and the information used only in an emergency. _____
6. I give permission for my youth, _____, to participate and appear in still photograph or audio-visual programming whether television, internet, film, video, audio tape or electronic media for PeaceJam Solano / Youth Peace Initiative, Inc. in connection with publicity, advertising, or promotion of PeaceJam Solano / Youth Peace Initiative, Inc. _____
7. I waive the right to control approval, use or reuse of such still photograph or audio-visual programming. On behalf of myself and youth, I also waive the rights to any fees, royalties, or other compensation which may arise from my youth's participation in the still photograph or audio-visual programming under the laws of the United States or any state thereof, or the laws of any other nation or jurisdiction. _____
8. My consent for the participation of my youth is valid unless I notify PeaceJam Solano / Youth Peace Initiative, Inc. in writing that my consent is withdrawn. _____

PRINT Student Name

Student Signature

Date

PRINT Parent / Guardian Name

Parent/Guardian Signature

Date

2009 PeaceJam Solano / Youth Peace Initiative, Inc.

PARENT PERMISSION and YOUTH MEDICAL/LIABILITY WAIVER and RELEASE

Name of Minor _____ Birth Date: _____
Please print

Home phone: _____ Cell Phone: _____

Name of Parent or Legal Guardian _____
Please print

Address of Parent / Legal Guardian _____

School _____

Two Additional Emergency Contacts and Phone Numbers

The above mentioned minor has my permission to participate in events related to Youth Peace Initiative, Inc. and PeaceJam Solano activities. I further give my permission, whenever it may be deemed necessary, for the calling of a doctor and/or the providing of other medical services for the above mentioned minor. I agree to pay for all medical services provided.

I understand that reasonable measures will be taken to safeguard the health and safety of the participants, and that I will be notified as soon as possible in case of an emergency. However, I agree to indemnify and hold harmless Youth Peace Initiative, Inc., Directors, their employees, agents, sponsors, representatives, volunteers and PeaceJam Solano teachers, leaders, facilitators and chaperones from all liability arising from the above named minor's participation in or attendance at Youth Peace Initiative, Inc. and PeaceJam Solano functions and related activities, no matter how caused, whether it resulted from negligence of Youth Peace Initiative, Inc., their Directors, employees, agents, sponsors, representatives, and/or PeaceJam Solano teachers, leaders, facilitators, chaperones, or otherwise.

I certify that the above named minor is in good health and able to participate in all normal activities of the group. YES _____ NO _____. If NO, describe the limits of the participant:

Is the above minor currently under a doctor's care or supervision: YES _____ NO ____? If YES, please specify _____

Is the above minor currently taking medications: YES _____ NO ____? If YES, please specify: _____

Is the above minor allergic to any food or medications: YES _____ NO ____? If YES, please specify: _____

May adult chaperones have permission to give above minor Ibuprophen (Motrin, Advil) and/or Acetaminophen (Tylenol) if needed? YES _____ NO _____ (students may not bring their own)

Date of last tetanus shot: _____ Family Physician _____ Phone: _____

Family Medical Insurance coverage: Company: _____

Policy #: _____ Ins. Phone # _____

Signature of parent or guardian _____ Date _____

(This Information will be kept confidential unless needed in a medical emergency)