

NEW HAMPSHIRE
YOUTH & GOVERNMENT

Sponsored by the NH/VT State Alliance of YMCAs
Administered through the Carroll County YMCA
WAIVER FORM

Please Print

Student's Last Name _____ *First* _____ *Middle* _____

has my permission to participate with the _____
High School delegation in the YMCA's Youth & Government Program at the Pre-Legislative
Session on March 18, 2017, the James O'Neil Training on April 6th (if elected), and the Model
Legislative Session on April 7th and 8th, 2017. My child will adhere to the Code of Conduct. I
understand that transportation is the responsibility of the high school.

Parent's Signature _____ *Print Parent's Name* _____

Telephone: () _____ () _____

Business

Home

The following physical conditions (allergies, a bee sting, special problems, etc.) may limit my
son/daughter's participation in the YMCA's Youth & Government Program.

Condition:

Comments:

Note: Medical services and medication shall be paid for by participant's medical insurance.

Insurance Carrier: _____

Policy Holder's Name: _____ Policy #: _____

_____ Date: _____

Advisor's Signature

The Advisor will use reasonable & prudent supervision but is under no financial obligation.