



building global friendship

Youth Legal Form- USA, - Appointment of Temporary Guardian for Travel and Medical Care, Release and Consent:

Use: Activities occurring in the United States (mini camps, NBM, NYM, NLT, etc), youth under the age of 18. THIS FORM IS NOT FOR USE FOR INTERNATIONAL PROGRAMS WHETHER HELD IN THE US OR OUTSIDE THE US.

This form is to be completed by a parent or legal guardian of the participant. The signed original should be given to the adult chaperone. A copy shall be retained by the sending Chapter. Signing this form is a condition of participation in the CISV Activity noted below.

Full Name of Participant _____ Date of Birth _____

CISV Activity and Location _____ (Ex. NBM, Cincinnati)

Name of Adult Chaperone _____

Adult Chaperone Telephone: Mobile () _____

Name and Mobile phone for chaperone in transit if different from chaperone on site (one chaperone while travelling to site, one at the site):

IF APPLICABLE, please check: _____ My child is at least 16 years old and has permission to travel to/from this activity without an adult chaperone.

Full Name of Participant's Parent or Legal Guardian _____

Emergency Contact Information That CISV Can Use During the Activity

Name _____

Address _____

Home Telephone () _____ and Mobile Phone () _____

Participant's Mobile Phone () _____ and E mail _____

Alternate Emergency Contact _____

Alternate Emergency Contact Phone Number () _____

Part 1: Authorization for Participant to Travel With an Adult Leader and Appointment of Temporary Guardian

I give permission for my child to travel to and from the CISV Activity with the Adult Leader named above. I hereby appoint the Adult Leader named above as a Temporary Guardian of the Participant named above for the purposes

of consenting to medical treatment and providing prescribed medication. If the Adult Leader is not available, and prompt medical attention is needed, I also appoint CISV personnel (Activity Staff or Host Family) from the Host Chapter/ CISV USA to consent to medical treatment on behalf of the Participant. This Appointment is valid for the period stated below.

From (date) _____ to (date) _____ .

Part 4: Medical Insurance & Financial Responsibility for Medical Treatment

I understand that the Participant must have medical insurance in order to participate in this CISV Activity and that I am responsible for any medical expenses incurred on behalf of my child while at the Activity.

Insurance Company Name _____

Insured _____ Policy Number _____

6: Legal Release & Responsibility to Pay for Damage

I understand the nature of the CISV Activity noted above and I consider my child to be capable of taking part in it. I agree not to make a claim or file a lawsuit against CISV if my child is injured while traveling to / from and/or participating in the above Activity, unless there has been gross negligence on the part of CISV.

My child and I understand that CISV participants are expected to conduct themselves in accordance with local laws and CISV rules, including the Code of Conduct. If my child engages in inappropriate behavior he / she may be sent home before the end of the Activity at CISV's discretion. I will cover the costs of this trip. I also agree to pay for any damage or injury caused by my child.

Part 7: Membership

I understand that as part of participation in the above Activity my child/our family is a Member in a CISV Chapter or of the national association. I agree that CISV will keep a record of my child's name and contact details, will use this information for internal administration of membership and participation and may contact my child in the future with information about the organization. A family/child may participate in activities without membership for the purpose of recruitment.

Part 8: Permission to Use Photographs, Art or Written Work

I agree that CISV may use and publish photographs, artwork, and written work as well as video and audiotape created as part of participation in the CISV Activity. CISV may use these items in the production of educational or promotional materials including web pages. These items may be used and published with a child's first name (or nickname) and/or age. Unless my specific parental consent is obtained, children will not be identified by full name.

Tick One; _____ I agree to use _____ I do not agree to use.

Part 9: Permission to Swim

I give my child permission to participate in swimming and other water activities. My child's swimming ability is (tick one) None _____ Some _____ Good Swimmer _____

Part 10: Use of the CISV Friends Website

I give my child permission to register on the CISV Friends website. CISV Friends is designed to assist CISV with its administration of the CISV Activity and to help CISV participants to stay in touch with each other after the CISV Activity.

Part 11: National Code of Conduct for Junior Branch USA

Please ✓ each box after reading each statement.

- ☐ I acknowledge that I have read, am familiar with, understand, and agree to respect and abide by Info File R-7 (0432) standards, guidelines, and recommendations.
- ☐ I will abide by all local laws, including those regarding the buying and consuming of alcohol and tobacco products, and standards of acceptable public behavior. I will not consume or purchase tobacco products if under the age of 18 and under no circumstances will I purchase or consume alcohol if under the age of 21. In addition, if I am of age, I will not purchase or provide these items for someone else. The possession and consumption of illegal drugs will not be tolerated under any circumstances.
- ☐ Only people who are assigned to my room/cabin/house will sleep there. In addition, I will respect and follow any additional rules set for the given activity in relation to visitors being in my room.
- ☐ I will abide by the curfew set for nighttime activities (if applicable). This means I will be in my room/cabin/house before the established time with no questions asked.
- ☐ I will exhibit respectful and reasonably quiet behavior in all areas of the site including bedrooms, hallways, elevators, public areas, and meeting rooms. In addition, I will show respect towards all hotel/site employees and CISV chaperones.
- ☐ If I wish to leave the site for any reason, I understand that I must go with and/or get the permission of my chaperone. I understand that it is important that my chaperone must know where I am at all times. I also understand that if I drive somewhere, I will only drive with someone who is over 25 years old as per CISV USA's insurance policy.
- ☐ I will be on time to, attend, and fully participate in all activities throughout the entire program.
- ☐ I will abide by any additional rules.
- ☐ I understand that if I violate any of the items on this agreement I will be subject to disciplinary action decided upon by the staff of the activity, including but not limited to having my participation limited in future activities to being sent home at my own expense. I also understand that I will have to pay for any damage to the site that I cause.

Part 12: Parent/Guardian Signature

Print _____

Participant Signature and Date

Parent Signature and Date