



\_\_\_\_\_  
Youth Name

**Youth Bound Parent Consent Form**  
Please initial after each policy

**Behavior Guidelines**

I have read and understand the enclosed manual and behavior guidelines. I understand that if my child does not follow the set rules and guidelines disciplinary action will be taken. **Youth:** I agree to follow the rules and guidelines set by the ECSD and Youth Bound Staff and understand that if I do not follow the set rules and guidelines disciplinary action will be taken.

Initials \_\_\_\_\_ Youth Signature \_\_\_\_\_

**Payment Policy**

Payments made after 5:30 pm on the Thursday before the intended week of participation will be assessed a \$10.00 late fee charge and participants will not be allowed to return to the program until payment is made. Parents/ Participants are responsible for full payment for all days that they register for regardless of attendance.

Initials \_\_\_\_\_

**Medical Release**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, I understand this group travels to different sites and in the event that my child must require immediate medical attention I give the adult in charge permission to make sure my child gets to the nearest medical facility. Permission is also granted for my child to travel to any school, recreation department, community center, or other location for play or special events related to this program. I will make arrangements for my child's transportation (with written notification if individual picking child up is not listed above) upon return from the trip or while on the trip. I understand the nature of the event and my child's involvement in the program.

Initials \_\_\_\_\_

**Minibus Transportation**

Occasionally on "On-site" Days the staff may take the youth on a short trip in the Community Service Department minibus. Please indicate your approval of this by signing below.

Initials \_\_\_\_\_

**Late Pick-up Policy**

I am aware that if I am late according to the program that I signed up for and/or my child has not been picked up by 5:30 pm. I will 1<sup>st</sup> receive a written warning and, then if the problem persists, I will be charged at a rate of \$10.00 per 15- minute increments.

Initials \_\_\_\_\_

**Water Activities Permission**

Throughout the summer, Youth Bound will participate in swimming and/or wading activities. Days in which swimming and/or wading are planned are marked on the calendar as beach, pool or water park activities. All locations where swimming and/ or wading is part of the planned activities will have certified lifeguards on-duty. By signing below, I grant permission for my child to participate in swimming and/or wading activities.

Initials \_\_\_\_\_

Circle the word that best fits your child's swimming ability:

Non-Swimmer                  Beginner                  Intermediate                  Advanced

By signing below I agree to the above policies.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date