



Outings: Pathfinders Sign-Up & Permission Form

Date: _____

Contact Information

Student Name: _____ Gender: _____

Parent(s)/Guardian(s) Name(s): 1 _____ 2 _____

Address (1): _____

Address (2) - if different: _____

Home Phone (1): _____ Cell Phone (1): _____

Home Phone (2): _____ Cell Phone (2): _____

Email (1): _____ Email (2): _____

School: _____ Teacher: _____ Grade: _____

Preferred form of contact: email: **1** or **2** home phone: **1** or **2** cell phone: **1** or **2**

Session Sign-Up (Please number your top 3 choices in order of preference <1 being your first choice>.)

Open to South Hill and Enfield

Session 1 (Mondays): 10/18, 10/25, 11/1, 11/8, 11/15 _____

Session 1 (Wednesdays): 10/13, 10/20, 10/27, 11/3, 11/10 _____

Open to Caroline and BJM

Session 2 (Mondays): 11/22, 11/29, 12/6, 12/13, 12/20 _____

Session 2 (Wednesdays): 11/17, 12/1, 12/8, 12/15, 12/22 _____

Open to Northeast and Belle Sherman

Session 3 (Mondays): 1/3, 1/10, 1/24, 1/31, 2/7 _____

Session 3 (Wednesdays): 1/5, 1/12, 1/19, 2/2, 2/9 _____

Open to Cayuga Heights and Fall Creek

Session 4 (Mondays): 2/14, 2/28, 3/7, 3/14, 3/21 _____

Session 4 (Wednesdays): 3/2, 3/9, 3/16, 3/23, 3/30 _____

Open to South Hill and Enfield

Session 5 (Mondays): 3/28, 4/4, 4/18, 4/25, 5/2 _____

Open to Caroline and BJM

Session 6 (Wednesdays): 4/6, 4/20, 4/27, 5/4, 5/11 _____

Open to Northeast and Belle Sherman

Session 7 (Mondays): 5/9, 5/16, 5/23, 6/6, 6/13 _____

Open to Cayuga Heights and Fall Creek

Session 8 (Wednesdays): 5/18, 5/25, 6/1, 6/8, 6/15 _____

These materials are neither sponsored nor endorsed by the Board of Education of the Ithaca City School District, the superintendent, or this school.



Pertinent Medical Information: Please list any relevant medical information that is important for staff to know for the successful care of your child (allergies, dietary restrictions, etc.) *additional form to follow*

In case of a medical emergency, I understand that my child will be transported to the nearest medical facility and that I will be notified as soon as possible. I give my consent and authorization for any diagnostic procedure, medical, dental, surgical care and hospitalization determined as advisable by any physician, dentist, or hospital personnel providing health care to my child.

If I am unable to be reached I would like the health care provider to discuss the matter with the persons designated below. I authorize the health care provider to discuss medical information in full with those persons and I give those persons authorization to consent to treatment for my child.

I hereby hold harmless any physician, dentist, or hospital personnel rendering care for my child from any liability resulting from the failure to obtain further consent if I am unable to be reached. It is my intent that the persons appointed herein shall be able to act in my stead in making such decisions if I cannot be reached.

Signature of Parent/Guardian

Date

Additional persons I am authorizing: Ithaca Youth Bureau Outings Staff, Emergency Contacts (located on Demographics & Medical Information Sheet)

Please initial each of the following:

_____ I give my informed permission for my child to participate in Outings, a program of the Ithaca Youth Bureau. I acknowledge that participation in Ithaca Youth Bureau programs entails certain risks and dangers. I understand that my child's safety and the safety of those around him/her depend largely on my child's own behavior and actions. The presence of qualified program staff does not relieve participants of the responsibility of behaving appropriately, following instruction, dressing well for weather, and looking out for their own safety and the safety of others. *Note: This is not to be interpreted as a waiver of participants' legal rights.*

_____ I agree to encourage my child to follow all IYB Outings Program rules and guidelines, as well as staff directives.

_____ I hereby acknowledge that my child may be transported by Ithaca Youth Bureau staff while participating in the activities and trips of the IYB Outings Program. I understand that only IYB staff members who have proof of license, who have been through the BOCES defensive driving course, and who have completed the additional Youth Bureau van driving course and road test will be driving vehicles in which my child is a passenger.

_____ Information given by me, my child, or other persons or agencies may be shared with other IYB staff members in order to best meet the needs of my child.

_____ I give permission for Ithaca Youth Bureau Outings Program staff to communicate with school staff, teachers, and other agencies as needed to provide support services for my child

_____ I agree to allow Outings staff to photograph my child during program activities for use in the following arenas: (please check all that apply) *These photos/videos may be used in promotions or other related marketing materials.*

- Print Media: brochures, newspapers, flyers, etc.
- Electronic Media: websites, promotional videos, electronic newsletters, including social media outlets: Face Book, Twitter, You Tube, etc.

_____ I would like to receive information on other program opportunities.

Parent/Guardian Signature

Date

These materials are neither sponsored nor endorsed by the Board of Education of the Ithaca City School District, the superintendent, or this school.

