

Call to register (see flier).

**Johnsburg Youth Committee Activities Program  
Permission/Emergency Contact Slip  
2019-2020**

Please fill  
out completely  
once per year.

**Please return this slip to Laurie West, JCS Principal's Office one week before activities start.  
~You must register your child by calling the contact listed for each activity!**

I give my child \_\_\_\_\_ permission to  
attend any 2017-2018 Johnsburg Youth Committee after school activity. This slip will be good for  
the entire school year, but I need to give verbal permission for specific classes or sessions by calling  
to sign up. I understand that:

- To sign up for class, call the contact listed, one week in advance of starting date.
- Sign-ups are on a first-call, first-serve basis; waiting lists will be kept.
- Instructor will call everyone to notify them of their status prior to class start.
- **The Bus Permission slip to ride a different bus or the late bus for the session must be sent in to Laurie West, Principal's Office, and child needs to sign up each day s/he rides the late bus.**
- If a class is cancelled, I will be notified by the instructor; at that time I will make any changes to the bus for that day with the instructor who then will notify Mrs. West.
- Child needs to be dressed appropriately for the weather; a snack or drink is helpful.
- If anything changes for emergency contact/medical information below, I need to update it by contacting Laurie West at school.
- **Photos, slides, films, or sketches of him/her taken during the activity may be used for publicity and promotion of Youth Committee activities.**

**Print Parent/Guardian(s) Names** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Print Emergency Contact: Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family Medical and Hospitalization Coverage**

Name of Insurance Company or Government program \_\_\_\_\_

Identification/Policy # \_\_\_\_\_

Family Physician's Name and Phone Number \_\_\_\_\_

I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

**Be sure to advise the instructor of any changes in the above during the time your child is attending a program.**

**Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent/Guardian**