



# Lussier LOFT Permission Slip

## EMERGENCY INFORMATION

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

GCC Program: **The Lussier LOFT** \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

With whom does the participant live? \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Other people authorized to pick up participant from program: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Group #: \_\_\_\_\_ Subscriber #: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Does your child have any special needs? *(Check one)*      YES      NO

If YES, what accommodations are needed? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

If YES, what is the treatment plan for your child's allergies? \_\_\_\_\_

Other information we should know about your child: \_\_\_\_\_

***By registering for GCC youth programming, I hereby agree and understand:***

1. That I and my child(ren) will respect and follow GCC rules and procedures.
2. That I will hold the Goodman Community Center harmless and defend the Center against any claims brought by and on behalf of my child (ren) for any injury sustained by my child(ren) as a result of his/her participation in a GCC program, provided, however, that this provision shall not apply to liabilities caused by or resulting from gross negligence of the Center, it's employees or agents.

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\*\*INFORMATION RELEASE: Communication between staff, youth and families is a high priority in our program. With the understanding that parents will be made of aware of any serious issues that their child(ren) may have, I HEREBY ACKNOWLEDGE that members of the Goodman Community Center staff may:

- Discuss my child/children in youth programs with appropriate school personnel, and with representatives of any agency involved with my family and child(ren)
- Receive information about my child(ren's) academic progress from school personnel
- Picture/Photo/Media Release: I give my permission and consent to the GCC and any agency affiliated with the center to use, print, copy, publish, and reproduce any and all videotapes, audio tapes, photographs, films, negatives, prints reproductions, and likeness or any kind now or hereinafter of my child made by the GCC for advertising, publicity, display, or any purpose whatsoever without fees to be paid to my child. I hereby waive any right I may have to inspect and/or approved the finished product or the advertising copy that may be used in connection there with or the use to which it may be applied.
- Website Release: I give my permission and consent to the GCC and any agency affiliated with the center to use photos and dialogue of my child to be used on GCC's website and GCC social media pages/sites
- Provide transportation as needed to program activities

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SIGNATURE OF PARENT/GUARDIAN

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DATE

GCC Staff appreciate the confidential nature of all the above material and assure parents and participants that no information will be released from this program without your signed consent, except as stated above.

Please return this signed form to Eric Hartwig, Lussier Teen Program Manager, at the Goodman Community Center 149 Waubesa Street, Madison, 53704. If you have questions, I can be reached at 241.1574 Ext. 244 or cell phone 608- 772-7025. Thank you and we look forward to having your child in GCC Teen Programs.