

Permission / Release Form

Parent's Name:	_____	Phone #:	_____
Address:	_____	City/State/Zip:	_____
	_____	Emergency #:	_____
Youth Member/s Name:			
1)	_____	2)	_____
3)	_____	4)	_____

I give permission for my above-named child/children to join the San Diego American Indian Health Youth Center for the following event:

Event	Date & Time:	<input checked="" type="checkbox"/> Check if you are going:
Inter Tribal Youth Christmas Dance	Saturday, December 5, 2015 – 3:00 PM to 12:00 AM	
<i>Special Note: Please drop off youth member/s at the Youth Center at 3:00 PM. We will be at the event from 4:30 PM to 12:00 AM. Please feel free to call me and check-in at 619-784-1683. After the event, youth members will be available for pick-up. We will likely return to the Youth Center at 1:00 AM. However, we realize that this is very late. If your youth member needs a ride home, please make arrangements with Larry Edmonds prior to the event. You may email him at <a href="mailto:larry.edmonds@sdaihc.com">larry.edmonds@sdaihc.com</a> or call 619-531-1938 between 1:00 PM to 6:30 PM. Thank you.</i>		
Holiday Event Viejās Bowl & Skating	Saturday, December 12, 2015 – 11:00 AM to 5:00 PM	
<i>Special Note: Transportation has been reserved for those with the greatest need. If your youth member or family needs a ride, please make arrangements with Larry Edmonds prior to the event. Rides will be to Viejās and return to the Youth Center. You may email him at <a href="mailto:larry.edmonds@sdaihc.com">larry.edmonds@sdaihc.com</a> or call 619-531-1938 between 1:00 PM to 6:30 PM. Thank you.</i>		
Winter Gathering	Saturday, December 19, 2015 – 12:00 PM to 4:00 PM	
<i>Special Note: If you need a ride to the Ballard Center, please meet at the Youth Center, no later than 11:30 AM. Transportation is limited and will only be to the location. Youth members are responsible to coordinate rides home. If your youth member or family needs a ride, please make arrangements with Larry Edmonds prior to the event. You may email him at <a href="mailto:larry.edmonds@sdaihc.com">larry.edmonds@sdaihc.com</a> or call 619-531-1938 between 1:00 PM to 6:30 PM. Thank you.</i>		

I understand that the group will be participating in activities listed above. I also understand that the SDAIHC Youth Center will cover the cost of participation for the Youth Member/s only and not for any accompanying adult/s. All youth members must check-in and check-out with an accompanying adult and provide transportation, unless other arrangements have been made prior with the Youth Center Director.

**Photo & Media Release:** I hereby give permission to the San Diego American Indian Health and the San Diego American Indian Health Center and its Youth Program, its staff and sponsors/advisors permission for the above named Youth Member/s to appear in photographs, audio, video, or any other applicable media production. If I am 18 or over, I agree to the same.

I hereby release the San Diego American Indian Health and the San Diego American Indian Health Center and its Youth Program, its staff and sponsors/advisors from responsibility and liability for any injury or illness that my youth member/s may sustain during this activity. In the event of an emergency and in the absence of a parent/guardian, I hereby authorize an adult leader of this activity, as an agent for me, to consent for any treatment or hospitalization, determined to be necessary by a licensed medical provider. I will also be notified as soon as possible.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Date