



abovetheinfluence

2023-24
WALKKILL VALLEY YOUTH ACTION GROUP
Permission & Release Form
A Program of the Walkkill Valley Community Coalition
& The Center for Prevention & Counseling

Date _____

Student Name _____

Parent Name _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____

Current School _____ Grade _____

Date of Birth _____

Student's Email: _____ Cell # _____

Parent/Guardian Email _____ Cell # _____

Parent/Guardian Home # _____ Work # _____

Emergency Contact Name _____ Phone # _____

Medical Conditions—Allergies, chronic conditions, other:

Medications

I hereby grant permission for my child to participate with The Above the Influence Youth Group, a program of the Walkkill Valley Coalition & the Center for Prevention & Counseling. I understand that my child participates in these activities at their own risk and that THE WALKKILL VALLEY COMMUNITY COALITION AND/OR the Center for Prevention and Counseling and its adult supervisors are not liable for any injury personal or otherwise to my child or caused by my child. Should any problems arise concerning the behavior of my child, I will come pick my child up.

I recognize that THE WALKKILL VALLEY COMMUNITY COALITION uses photographs and video images of events for publicity materials such as THE WALKKILL VALLEY COALITION and CFPC website, newspapers, newsletters, Facebook pages, Instagram and local televised media and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent. I am responsible for any medical expenses.

Signed: _____
(Parent or legal guardian)

Date: _____

