

Return by Thursday, December 22, 2022



PARENT PERMISSION FOR TRANSPORTATION AND MEDICAL TREATMENT CONSENT FOR MINORS

This form will enable your child to participate in the out-of-center activities described below. It is our policy to contact parents in case of an emergency and the information contained on this form will help us to reach you quickly. The medical authorization will prevent delay of treatment for your child in the event that you cannot be reached in an emergency. We use the emergency facilities of Theda Clark Regional Medical Center or the nearest emergency facility for out-of-town activities.

Ice skating @ the Plaza
Leave Youth Go @ 1pm

Tuesday, December 27, 2022
Arrive back at Youth Go at 3pm

**You will need an online waiver filled out before turning permission slip in. Instructions on back **

Snow Tubing @ Nordic Mountain
Leave Youth Go @ 1pm

Thursday, December 29, 2022
Return to Youth Go at 5pm

**You will need an online waiver filled out before turning permission slip in. Instructions on back **

Items to bring: Dress for the cold in warm layers including hats, coats, gloves, boots, snow pants.

Rules: No leaving the group without permission from the staff member(s) present. No violence or threats of violence. No use of alcohol or other drugs.

Detach and return to Youth Go

***I give my permission for _____ to participate in the program outlined above, and receive transportation through Youth Go. I will not hold Youth-Go, Inc., staff members or any of its representatives liable for any accident or injury. I understand that if my son/daughter violates any of the rules outlined above, I will be informed and expected to make any arrangements necessary for his/her immediate return home.

Special health problems: _____

Insurance Company _____ Policy #'s _____

Family Physician _____ Phone _____

If a parent cannot be reached, contact:
Name _____ Phone _____

I hereby authorize the treatment, administration of anesthesia and surgical treatment(s) for my minor child,

(Name of Child)

in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any physician where treatment is rendered in the physician's office.

Date _____ Signature of Parent or Guardian _____ Home Phone Number _____
Address _____ Work Phone Number _____

Ice skating: _____ Snow tubing: _____

Instructions for filling out online waiver for Ice Skating:

If you need help or access to computer/internet, please come to Youth Go to fill out the waiver

- **Go to <https://theplazaneenah.com>**
- **Scroll down and click on “Ice Skating Waiver”**
- **In the waiver, scroll down and click “Minor(s)”**
- **Click the number of children you are signing up and click “Continue”**
- **Complete the form with your information**
- **Click “Agree to this Document”**

Instructions for filling out online waiver for Snow Tubing:

If you need help or access to computer/internet, please come to Youth Go to fill out the waiver

- **Go to <https://shop.nordicmountain.com/forms>**
- **Enter megan@youthgo.org for the email address**
- **Click “Load/fill out Forms/Waivers**
- **Select “I am the Parent/Guardian of the Minor Participant(s) that are 17 years old or younger”**
- **Select “Snow Tube Release”**
- **Click “Continue”**
- **Complete the form with your information.**
- **Click “Continue to View/Sign Form/Waiver”**
- **Read and Sign Waiver**
- **Click “Complete Form/Waiver”**