



## NIC Youth Academy Emergency Information & Informed Consent

### Participant Information

Program Name	Program Date (mm/dd/yyyy)
Participant First & Last Name (Legal)	Birthdate (mm/dd/yyyy)
Optional Information: Preferred Names/Nicknames, Preferred Pronouns, Anaphylactic Allergies or Important Medical Information including Neurodiversity information if relevant.	

### Parent/Guardian Contact Information

Parent/Guardian First & Last Name (Print)	
Primary Phone Number	Email Address

*Providing your email address above gives NIC expressed consent to contact you regarding upcoming NIC Youth Academy programs and activities. You may unsubscribe at anytime.*

### Emergency Contact (a contact other than the parent/guardian listed above)

First & Last Name	Monitored Daytime Phone Number
Relationship to Participant	

### Authorized Pick-up Person (a contact that is not the parent/guardian listed) - Optional

First & Last Name	Phone Number
-------------------	--------------

**Please complete page 2 on the backside of this form.**



## Youth Academy Informed Consent

Youth Academy at North Island College ("Youth Academy") provides educational camps and programs for youth under 18. Camp/program attendees ("Participants") are pre-registered. Youth Academy activities are a valuable learning experience, but are not without potential risks, dangers, hazards and liabilities to all participants. These include, but are not limited to, personal injury, death, property damage, delay or inconvenience, expense and other loss, and cancellation or curtailment of the activity itself. All Participants and parent/guardians of the Participants are required to accept these and all other risks as a condition of participation. North Island College, its instructors, employees, servants, agents, successors, administrators, assigns, and contractors, (hereinafter referred to as the College) will not accept any liability for injury, loss, damage or expense suffered by any Participant as a result of participation in the program for which they are registered. The activities and risks inherent to Youth Academy are as follows:

Camp/program activities may include, but are not limited to: building Lego, hands-on science experiments, interactive group games, group walks, crafts, card games, and computer based learning held in computer labs, classrooms and multipurpose spaces. These activities include associated risks of slips, trips, skin abrasions, burns, cuts, bruises, contusions, exposure to chemicals, allergic reactions, eye irritation, and neck and eye tension working with screens.

I, the parent/guardian of \_\_\_\_\_ have read the above and understand that participation will involve risks to my child, both anticipated and unanticipated, that could result in injury, disease, illness and death and as well as damage to or loss of property. I agree to my child's participation despite the risks and will provide Program Staff with all necessary information for my child to have a safe and positive experience.

Parent/Guardian Name (Print)	Parent/Guardian Signature
Date Signed (mm/dd/year)	

**Please return your completed form to facility or program staff.**