



# Youth Trip Info Form

Trip Name: \_\_\_\_\_ Trip Date: \_\_\_\_\_

### RELEASE OF LIABILITY:

I, the undersigned adult, am the parent or legal guardian of \_\_\_\_\_ (hereinafter referred to as "My Child.") I hereby agree to indemnify, protect and hold harmless the OFTC, Fairfax County Public Schools and the McLean Community Center, and the board members, officers, employees and agents of these entities, and all private persons and organizations volunteering services without charge to supervise or chaperone youth participants, and the County of Fairfax and its Board of Supervisors, officers, employees, agents and volunteers, and service providers, subcontractors and their agents and employees from any and all claim or liability whatsoever, including but not limited to personal injury, property damage, court costs, attorney's fees, and interest, however caused, as a result of the participation of My Child in any youth activities.

### PARENTAL AUTHORIZATION:

I understand that participation in this field trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury. I have read and reviewed the field trip destinations and authorize my child to participate in the planned components of the field trip(s) to the extent indicated by my signature below.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participant: (First, Last) \_\_\_\_\_ Gender: M / F  
Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (Fall '09) \_\_\_\_\_ School (Fall '09) \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent's Email \_\_\_\_\_

### Youth's Parent/Guardian Information

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Provide emergency contact information for 2 local people who are not listed above.

1. Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Insurance/Medical Information

Health Insurance Carrier \_\_\_\_\_ Group No. \_\_\_\_\_ ID No. \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_ Relation to Youth \_\_\_\_\_  
Pediatrician/Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Special Diet/Allergies to Food \_\_\_\_\_  
Other Allergies \_\_\_\_\_  
Routine Medications \_\_\_\_\_  
Other \_\_\_\_\_