Permission Form D
Include in registration

SENIOR YOUNG FRIEND UNDER 18 YEARS OF AGE NOT ACCOMPANIED TO IMYM BY PARENT OR LEGAL GUARDIAN

Every person participating in the Senior Young Friends program (going into 10th grade in the fall and older) that is under the age of 18 must have a parent or legal guardian attending IMYM at Ghost Ranch, or be accompanied by a sponsor approved by the person's parent or legal guardian. Minors not accompanied by a parent or legal guardian, or by a designated sponsor possessing this signed form, will not be allowed to register for IMYM, and will be asked to leave Ghost Ranch. The sponsor is a conscientious person of legal age (21) who knows the sponsored person well and who will be attending IMYM during the time the sponsored person is attending. Sponsors are mediators for the person they sponsor if problems arise within the Senior Young Friends program or at Ghost Ranch. Both Senior Young Friends and their sponsors should realize that if the sponsored person does not respect the policies of the SYF program, IMYM and Ghost Ranch, they will be asked to leave the SYF residence and spend the remainder of their time at IMYM with, and under the direct supervision of, their sponsors. For this reason we suggest no more than two Senior Young Friends per adult sponsor. The Medical Information Form is critical because minors cannot receive medical attention if a parent, legal guardian or designated sponsor is not present to give permission for treatment. The sponsored young person, the parent or legal guardian, and the designated sponsor must each sign the Permission and Medical Information Form below in the appropriate places.

Please PRINT names below ..... then SIGN ..... and then ...DATE

Senior Young Friend: _____ _____ _____
NAME SIGNATURE DATE

Parent/Guardian: _____ _____ _____
NAME SIGNATURE DATE

Designated Sponsor _____ _____ _____
NAME SIGNATURE DATE

As the parent or legal guardian, who has signed above, I give permission for the above-named minor to participate in IMYM at Ghost Ranch, and to participate in all planned program activities, both on and off the Ranch. I hereby release Intermountain Yearly Meeting (IMYM), its volunteers, and Ghost Ranch staff, from liability for any injuries or illness that my child may experience during IMYM at Ghost Ranch. In the event of a medical emergency I hereby authorize IMYM and Ghost Ranch personnel, or the sponsor designated above, to consent to any medical or surgical care advised by licensed healthcare providers. I hereby release IMYM and Ghost Ranch from any liability, legal or financial, for emergency care provided to my child. I expect to be informed of any such care as it is practicable to do so during or after the emergency.

Name and telephone(s) of an emergency contact who is NOT attending Yearly Meeting:

_____ _____
NAME TELEPHONE

Health Insurance Provider & Policy or Medical Record Number (MR/POL#):

_____ _____
COMPANY POLICY NUMBER

Exact or approximate date of last Tetanus immunization: _____

List all known allergies:_____