

# YOUTH GROUP STANDARD PERMISSION FORM

This form must be filled out and returned prior to the event or admission will be denied.

## Adath Emanu-El Youth Group Code of Conduct

1. Drinking and/or possessing alcoholic beverages, other than sacramental wine, is prohibited. The possession and/or use of any drug (illegal, prescription, or over-the-counter) and/or supplying of drugs to any person is prohibited. Any person requiring prescription or over-the-counter medication must have permission from parent/guardian given to the advisor in charge, prior to the event.
2. Adath Emanu-El is a non-smoking building. There is no smoking at any Youth Group event.
3. No gambling is allowed except for fund-raisers approved by the Adath Emanu-El staff.
4. Appropriate attire will be worn at all times.
5. Adath Emanu-El will provide proper and sufficient supervision by adults at all events. However, Adath Emanu-El and its representatives cannot be held responsible for any physical injuries or loss of personal property that result from improper conduct.
6. Vandalism is prohibited, any damage must be paid for by the person who caused such damages.
7. No member may fail to attend any part of the event or leave early without the express permission of the advisor in charge. Unauthorized guests will be asked to leave.
8. Any act that is in violation of Federal, State or Local laws will be considered a violation of the code of conduct.
9. We reserve the right to ask any participant to empty the contents of his/her personal belongings brought to an event or gathering. This includes pockets.
10. Any abusive, profane or lewd behavior will result in disciplinary recommendations by the Youth Activities Committee.

**Any Code of Conduct violation will result in expulsion from the event! Parents will be contacted to pick up their child immediately. I, the undersigned have read these rules and agree that the participant will abide by them.**

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(participant's name) \_\_\_\_\_ has my permission to attend  
(event title) \_\_\_\_\_ on (date of event) \_\_\_\_\_.

I, the undersigned, hereby release Adath Emanu-El and its representatives from all responsibility other than supervised activities and give permission to the physician selected by Adath Emanu-El staff to hospitalize, give necessary treatment or authorize anesthesia for my child in the event that I can not be reached in an emergency. Transportation will be provided by parents when necessary.

(parent's signature) \_\_\_\_\_ (home phone) \_\_\_\_\_

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(medical insurance company, policy and group number)

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(allergies to any foods, or medicines or other information)

Participant's Cell Phone: \_\_\_\_\_

### ***In case of EMERGENCY:***

Phone number where I can be reached during the trip (or cell phone #) \_\_\_\_\_

Phone number to call if I cannot be reached \_\_\_\_\_

Relation of this person to the event participant \_\_\_\_\_

\_\_\_\_\_ **I am able to chaperone for this event.**

\_\_\_\_\_ **I can provide transportation for up to \_\_\_\_\_ children.**

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(signature of parent/guardian)

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(signature of event participant)