

## MODEL UN AUTHORIZATION FORMS

(BRING THESE COMPLETED FORMS TO THE TRAINING CONFERENCE)

Full Name of Delegate: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### CODE OF CONDUCT AGREEMENT

I have read and understand the California YMCA Youth & Government Model United Nations Code of Conduct, and I accept the responsibility for my child's adherence to it. I also understand that if my child violates the Code of Conduct and is expelled from the program, that I am responsible for his/her immediate transport home from the conference or YMCA function. This transport shall be done at my expense.



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

I have read and understand the YMCA Code of Conduct and I agree to follow it. I understand that failure to adhere to the Code's minimum standards of conduct may result in my immediate expulsion from the California YMCA Youth & Government Program.



Delegate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTOGRAPHIC RELEASE

Permission is granted for any photographs of my child that are taken during his/her participation in the Youth and Government Model United Nations Program may be used for purposes that include publicity. Further, I give permission for these photographs to be used without compensation.



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

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(CONTINUED FROM PREVIOUS PAGE)

Full Name of Delegate: \_\_\_\_\_

## MEDICAL & EMERGENCY CONTACT INFORMATION

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Dental Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Daytime Phone: \_(\_\_\_\_\_)\_\_\_\_\_ Evening Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Alternate Parent/Guardian Name: \_\_\_\_\_

Daytime Phone: \_(\_\_\_\_\_)\_\_\_\_\_ Evening Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Daytime Phone: \_(\_\_\_\_\_)\_\_\_\_\_ Evening Phone: \_(\_\_\_\_\_)\_\_\_\_\_

## MEDICAL RELEASE

Multijurisdictional authorization and release for medical and dental treatment: the undersigned, as the authorized parent or parents or legal guardian of the above named delegate, I hereby authorize the \_\_\_\_\_ YMCA and its authorized director and/or leaders (collectively the YMCA) or an authorized representative of the YMCA Youth & Government Program to act as guardian for the above named individual. This guardianship grants them authority to consent to any medical, dental or surgical or mental health diagnosis or treatments, and hospital care to be rendered to the individual under general or special supervision and upon advice of a health care provider licensed under the laws of the state or any other jurisdiction in which medical care is sought. For the purpose of medical care or dental care obtained in the State of California, this authorization is given pursuant to the provisions of section 25.8 of the California Family Code, as amended.

It is understood that if time and circumstances reasonably permit, the YMCA will endeavor, but is not required, to communicate with the undersigned prior to the rendering of medical care or dental care for which consent is given pursuant to this authorization. The undersigned understands and agrees that the YMCA shall not be legally or financially liable for any claim arising from the medical or the dental care provided pursuant to this authorization. The undersigned hereby agrees to indemnify and to hold the YMCA harmless from any claim made by or on behalf of said individual arising out of any medical care or dental care provided pursuant to this authorization.

This authorization is given to the YMCA for use in conjunction with any event operated by the YMCA including transportation to/from the event and shall be valid until revoked in writing by the undersigned. I hereby indicate by the signature below that I am the authorized parent or legal guardian for the above minor.

Parent/Guardians Name (Please Print): \_\_\_\_\_

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

