



**TOWN OF CHESHIRE
DEPARTMENT OF YOUTH & HUMAN SERVICES**

84 SOUTH MAIN STREET, CHESHIRE, CONNECTICUT 06410
Telephone (203) 271-6690 FAX (203) 271-6626

YOUTH SERVICES TRIPS - PERMISSION FORM

I/WE, _____ (parent/guardian's name) give permission for
_____ (child's name) / _____ (Grade) to attend the Cheshire Youth and Human
Services Trip to _____ (location) on _____ (date).

I/WE are aware of the purpose and scope of this trip and accept responsibility for the normal and general risks involved in this activity. Therefore, in consideration of Cheshire Youth and Human Services permitting _____ (child's name) to participate in this trip, I/WE release Cheshire Youth and Human Services, The Yellow House, and its employees and agents of liability for any injury or losses which may occur by way of our son's or daughter's participation in such activity, except those caused by the willful, wanton, reckless, or malicious actions of Cheshire Youth and Human Services, its employees or agents. If it is necessary for my child's health to have emergency transportation or medical care administered, I give permission for the Program Supervisor and Coordinator to authorize this care for my son/daughter on _____ (date) as part of this trip.

IMPORTANT:

Please list below any medical and/or behavioral conditions, allergies and/or dietary restrictions, and insurance or medical practitioner information that you feel will assist the trip leader in providing proper supervision as well as obtaining prompt medical or dental treatment for your child while in the care of Cheshire Youth Services.

Payment Policy: Permission Forms & payment MUST be in a minimum of **one week before the date of the scheduled trip**. No permission forms will be accepted the day of the trip. Permission forms must be accompanied with full payment in order to be processed. Do not FAX registration forms as payment must accompany each form. You may pay by cash or check. Checks should be made payable to Cheshire Youth Services. Please only one check per trip. Financial assistance is available for those who meet the requirements (please call our department to inquire about the financial assistance procedure at 203-271-6690).

Check Return Policy: Full refunds will be given if a trip is cancelled due to low registration. All checks will be cashed within 2 weeks of the trip, please be advised that an additional fifteen dollar (\$15.00) administrative fee will be added to all returned checks payable to the Town of Cheshire. Please note that once a trip is taken no refunds will be given.

Cancellation Policy: If your child decides not to attend the trip you **MUST call us 48 hours prior to the trip for a full refund of your check, failure to notify us of your cancellation within 48 hours of the trip will result in NO Refund.**
Please Note: There will be NO transfer of trip payment for future use on Youth Services Yellow House trips or activities in the event of late cancellation of your child's non participation.

(Parent or Guardian Signature) / _____ (Date)

(Home Address)

(Primary Email Address)

(Home Phone #) / _____ (Cell Phone #)

(Emergency Contact) / _____ (Emergency Phone #)

Image Use and Release Statement: In consideration of your child's participation in Cheshire Youth and Human Services' and Yellow House Programs, occasionally pictures and/or video are taken during trips and events. Some of these pictures and/or videos may contain images of your child. The images taken on occasion are used for our program advertisements, department newsletters, submitted for content on the official Cheshire Youth and Human Service or Town of Cheshire website and official Facebook & Shutterfly websites, or used in local newspapers. For more information regarding these images please contact Cheshire Youth Services at (203) 271-6690.

If you do NOT wish to have your child photographed/videotaped please sign and date here: _____