



Voices of Youth in Community Community Activity and Transportation Permission

**This form must be completed by all participants of VOYC.
If you are between the ages of 14-17, a parent, guardian or trustee must sign.
18-24 years of age may complete and sign the form as an independent/adult.**

I hereby give permission for my son/daughter/ward _____
to join Voices of Youth in Community (VOYC) and attend all community outings for
VOYC from September 1, 2012 up to and including June 30, 2013.

These outings will be in locations throughout Windsor and Essex County and I am aware that transportation may be necessary for some events. I give permission for my son/daughter/ward _____ to walk with or be transported by a staff or volunteer driver from the Youth & Family Resource Network of Essex County. I relieve the Youth & Family Resource Network of Essex County, its directors, staff and volunteers from all responsibility in case of personal injury and /or property damage resulting from behaviour of the above youth that is contrary to established rules and/or procedures of the Youth & Family Resource Network of Essex County. I will also be responsible for any personal injury and/or property damage caused by the misconduct or negligence of (name of youth) _____

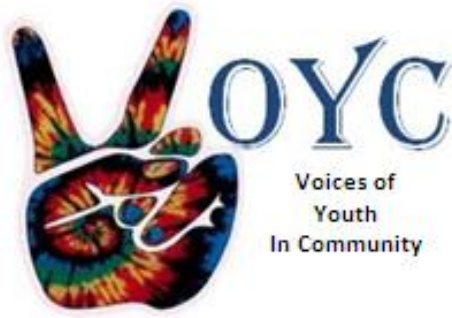
Transportation will be arranged by Youth & Family Resource Network of Essex County (YFRN) to these events. Transportation may be provided in the form of bus, taxi or in a vehicle driven by YFRN staff as determined by the VOYC Program Coordinator.

Pick up and drop off locations will be:
Youth & Family Resource Network of Essex County- 23 Mill Street West, Kingsville
Youth & Family Resource Network of Essex County - 25 McAfee Street, Harrow
Leamington Recreation Complex – 249 Sherk Street, Leamington

Please read and complete reverse side of this form. Return to VOYC program coordinator.

Complete reverse side of form





Emergency Contact (must be completed by /or on behalf of youth participant)

Name _____ Relationship _____

Phone: Home _____ Work _____ Cell _____

Email address _____

Participant OHIP# _____

Known Allergies, health concerns, medications:

Signature Parent/Guardian/Appointed Trustee/Social Worker

Print:

Name: _____ Date: _____

Signature _____

If you are between 18-24 years of age, please print and sign below

Print:

Name: _____ Date: _____

Signature _____

Complete reverse side of form

