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**Saturday, July 9, 2011 – Six Flags Great America**  
 (please print clearly)

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Parent(s) / Guardian(s) Name(s): \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Voice TTY Both

Email: \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_

Name of School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Emergency Contact (other than parent/ guardian): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

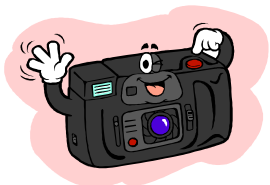
Work Phone(s): Mom ( ) \_\_\_\_\_ Dad ( ) \_\_\_\_\_

Nature of Special Need: \_\_\_\_\_

Medication -Type and Dosage: \_\_\_\_\_

Please describe any pertinent information which may be helpful to CHS staff concerning the participant (allergies, behavioral problems, fears, etc.): \_\_\_\_\_

*CHS carries liability insurance but not medical insurance. A participant's family policy must cover any medical costs incurred. I understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached, and agree to release all personnel for liability in connection with this activity. A copy of the family's/child's medical insurance card is attached.*



I, \_\_\_\_\_, give permission for photograph, taken on \_\_\_\_\_, to appear in Chicago Hearing Society, a Division of Anixter Center publicity materials (annual report, newsletter, brochure, flyer, slide show, TV, or any other publication); and/or to illustrate media articles; and/or to be used for exhibits, displays and web pages. Signed: \_\_\_\_\_

Parent/ Guardian Name (print clearly): \_\_\_\_\_

PLEASE SEE BACK FOR CHS YOUTH PROGRAM COMMITMENT: RULES & POLICIES

**\*\*\*Money MUST be included.\*\*\***

**(back)**

## **CHS Youth Program Commitment Rules & Policies**

- ⓐ We want to ensure CHS Youth Program meets the needs of all participants. If you are the parent of a child with special physical, mental, or emotional needs or if your child receives the support of an aide at school, please contact us *prior* to registering to discuss how we can best meet your child's needs.
- ⓐ Refund Policy: A refund (except for any tickets ordered) will be given if written note of cancellation is received by CHS Youth Program seven business days before the youth event your child is registered.
- ⓐ CHS reserves the right to cancel any program due to insufficient enrollment. In such cases, a full refund will be issued.
- ⓐ No smoking, drugs and/or alcohol are allowed at any time.
- ⓐ Any electronic devices (ie: pager, cell phone, game boy, etc) will be at your own risk.
- ⓐ CHS staff may confiscate pagers, cell phones or other electronic devices at any time deemed in the best interests of the participants. These items will be returned to their owners at the end of the event.
- ⓐ Inappropriate language (ie: swearing, etc) and/or behaviors (ie: fighting, bullying, flashing gang signs, kissing, etc) are unacceptable.
- ⓐ The Chicago Hearing Society assumes no responsibility for personal injury or loss of personal property for anyone attending or participating in a Youth Program sponsored event or activity.
- ⓐ When riding in the agency van, seatbelts must be worn at all times.

**Our goal for every participant is to have an excellent experience at CHS Youth/Teen outing. Each person in our community plays a part in creating this success, therefore we ask you to read and sign this "CHS Youth Program Commitment", understanding that you as a parent/ legal guardian and the participant agree to this commitment.**

**Participant Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_