**Youth Participant Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_ Male or Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, ST, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Information**

(a) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Adult(s) to pick up youth** (in addition to parents listed above):

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Number** |
|  |  |  |
|  |  |  |
|  |  |  |

*\*State ID must be presented at time of pick-up*

Reporting conditions will not prevent a person from attending and will be kept confidential.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Conditions** | **Yes** | **No** |  | **Conditions** | **Yes** | **No** |
| 1) Asthma |  |  | 12) Wear Contact Lenses |  |  |
| 2) Bronchitis |  |  | 13) Penicillin Allergy |  |  |
| 3) Convulsions |  |  | 14) Aspirin Allergy |  |  |
| 4) Diabetes |  |  | 15) Tetanus Allergy |  |  |
| 5) Ear Infection |  |  | 16) Other Drug Allergies |  |  |
| 6) Fainting |  |  | 17) Food Allergies |  |  |
| 7) Heart Condition |  |  | 18) Serious Ivy, Oak, or Sumac |  |  |
| 8) Headaches |  |  | 19) Sunscreen Allergies |  |  |
| 9) Hypoglycemia |  |  | 20) Other Allergies |  |  |
| 10) Serious Insect Stings |  |  | 21) Other Health Conditions |  |  |
| 11) Wear Glasses |  |  |  |  |  |

Please explain “Yes” answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

**Does the participant use an inhaler and/or an EpiPen?** □ Yes □ No

**If yes, mark which is used:** □ Inhaler □ EpiPen

**Special Requests:** If the participant requires accommodations for special needs to participate during the youth activity, please provide information about the special needs

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Code of Conduct:**

As a participant in a youth activity hosted, operated, conducted, sponsored, or organized by the University of Florida, a DSO, or an Affiliate Entity I must obey university policies and regulations. Abide county, and state laws. Follow any special rules for the youth activity or event.

1. Speak and act in a responsible, courteous, and respectful way. Harassment, threats, or bullying of any type is prohibited.
2. Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
3. Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a youth function must be reported to the adult in charge and must not be accessible to other participants.
4. Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
5. Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
6. Participate fully in youth functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
7. Dress appropriately for each activity or event.
8. Use of any mobile electronic device during a scheduled youth or activity or event is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
9. The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers, and vehicles, are subject to search and seizure by UF personnel, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement)
10. The failure to adhere to the Code may result in a dismissal from the youth activity or event.

**Youth or Adult Agreement: □ Yes, I understand and agree to the Code of Conduct.**

 **Parent/Guardian Agreement:** **□ Yes, I understand and agree to the Code of Conduct.**

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