

CODE OF CONDUCT FORM RETURN COPY

DUE IN-PERSON at MUN CONFERENCE REGISTRATION

I understand that conference delegates are housed four (4) to each room and that in order to participate in this program, I must share a room and bed with at least one other student of the same sex from my delegation. I further understand that I may not room with anyone other than YMCA conference delegates - not an advisor, parents, or other relatives. I also understand that I may not room alone.

I understand that I will be expelled from all future Youth & Government activities if I have drugs or alcohol at the conference.

I understand that all fees are non-refundable.

I have read, reviewed with my advisor and understand the Code of Conduct required to attend Youth & Government activities.

EMERGENCY CARE & TRANSPORTATION PERMISSION - The YMCA of the Capital Area does not provide accident or medical insurance for program participants. I recognize that participation in YMCA sponsored activities may expose my child to risk of injury. I agree to hold the YMCA and the school system offering the program (if applicable) harmless from any claims that may occur through participation in any activity at the YMCA, or in its programs. In cases of emergency or accident and I am unable to be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for my child to an appropriate facility for treatment.

MEDIA PROMOTINAL MATERIALS - In further consideration of my child being allowed to participate in YMCA activities, I hereby grant permission for my child's name, voice, picture and basic personal information to appear on television as a participant in YMCA activities.

Print Delegate Name: _____

Delegate School: _____ Grade Level:

Print Delegate Parent/Guardian Name:

Parent/Guardian Preferred Phone Number: _____

Delegate signature _____ Date

Parent signature _____ Date