



NORTH SHORE CDC

YOUTHBUILD MENTAL TOUGHNESS VOLUNTARY ACTIVITY PARTICIPATION
FORM

I, _____, wish to participate in the North Shore Community
Development Coalition sponsored activities of the YouthBuild North Shore Program.

I understand and acknowledge that participating in these activities is completely voluntary and only
required to assess my commitment to the program and my willingness to work as a team member to
accomplish the goal of completing the YouthBuild Program.

I understand, acknowledge, and agree that The North Shore Community Development Coalition
(YouthBuild North Shore), and their employees, and volunteers shall not be liable for any injury/illness
suffered by me which I incident to and/or associated with preparing for and/or participating in :this
activity.

(Do you)(Does your Child) have any medical conditions that could affect his/her ability to participate in
the YouthBuild Program Activities? Please Explain _____

(Do You)(Does your) child take any medication(s) for any conditions? Yes / No (Please circle one)
Explain _____

*I give permission for my child to participate in the YouthBuild Program Boot camp program, including various physical
activities related to the program. I understand that this consent will be effective as of March 7, 2016 and will continue to March
18, 2016.*

*In the event, that my child requires medical and or surgical care while I am unable to be reached. I hereby give my consent for
medical surgical treatment to the YouthBuild Program to obtain necessary emergency medical treatment for my child. I agree to
pay all costs and fees associated with any medical emergency, medical care and or treatment for my child as secured or
authorized by this consent.*

Participant Name (18 and over only)

Print Name

Date

Parent or Guardian Name

Print Name

Date