

Standard Activity and Training Form
PARENT/LEGAL GUARDIAN PERMISSION FORM

A. Youth Information

Last Name: _____ First Name: _____ Middle Initial: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Gender: _____ Date of Birth: _____ Age (at time of event) _____ School Grade: 8 9 10 11 12
M/F MM/DD/YY (Circle One)
Home Phone: _____ Email Address: _____

B. Parent/Legal Guardian Information and Permission

_____ has my permission to attend _____
Young Marine's Name
Location: _____
Date(s) of Event: _____

X Parent/ Legal Guardian Signature: _____ Date: _____
First Name: _____ Last Name: _____
Contact Number: _____ Alternate Contact Number: _____

C. Emergency Contact Information

In the event I cannot be contacted during an emergency please contact the following person:
Name: _____ Relationship to you: _____
Home Phone: (____) _____ Alternate Phone: (____) _____

D. Authorization for Medical Treatment

_____ has my permission to take any over-the-counter medications as needed
Young Marine Name
with the exception of: _____
(list on space provided)
while attending this program. I verify that you have permission to take _____ to the
Young Marine's Name
nearest medical facility for emergency treatment.

X Parent/Legal Guardian Signature: _____ Date: _____

E. Photo/ Video/ Film Release

_____ I give my consent to authorize the Young Marines National Headquarters or any entity or person designated by them the use and reproduction of any and all photographs, video or film taken of the person named above during the program training activities and related activities. I understand there will be no compensation to me. All negatives and positives, together with said prints, video or film are the property of the Young Marines National Headquarters or the entity or person authorized or designated by it, solely and completely. I also waive and right to inspect or approve any photo, video or film taken during my visit. I affirmatively release and or otherwise, of photos, video or film taken of me during my visit.

_____ I do not give my consent.

X _____
Signature of person attending program

X _____
Parent/Guardian signature (regardless of age)