

Copy and fill out for each child.

SPONSOR/PARENT  
AT SCYM: \_\_\_\_\_

CHILD'S  
NAME: \_\_\_\_\_

**STATEMENT OF PARENTAL RESPONSIBILITY AND PERMISSION**

REQUIRED FOR ALL FRIENDS UNDER 18 YEARS OF AGE  
( and older Friends who plan to attend the High School program.)

**CHILDREN CAN NOT BE ADMITTED TO SCYM's YOUTH PROGRAM  
WITHOUT A SIGNED FORM.**

PARENTS/SPONSORS: A separate form must be filled out and signed for each child who attends Yearly Meeting. Please photocopy and complete **both sides** of this form for each of your children (and any Young Friends over 18 who are participating in the high school program). Include it with your registration to SCYM.

**It is SCYM's expectation that all children and Young Friends**

- **Must be accompanied to YM by a parent or sponsor who is also a registered participant in the YM Adult Program and who remains at the Camp during YM;**
- **Will participate in programs that have been specifically provided for them;**
- **Who will not be in attendance at any program session must be under the parent/sponsor's immediate supervision and that the assigned program coordinator must be informed by the parent/sponsor at the beginning of that session.**

On behalf of my child, (name) \_\_\_\_\_, I agree to inform the appropriate program coordinator any time my child has my permission not to attend the formal program provided, and I will then be completely responsible for my child's immediate supervision.

If my child is not in attendance at the formal program and I have not contacted the appropriate program coordinator, I will be contacted and I will work with the coordinator to solve the problem.

I agree to perform all the above responsibilities.

**Signed** (Parent) \_\_\_\_\_ **date** \_\_\_\_\_

**Signed** (Sponsor--if applicable) \_\_\_\_\_ **date** \_\_\_\_\_

**Grades 9-12 YOUNG FRIENDS' PARENTS:** My child, (name) \_\_\_\_\_ has my permission to live in the dormitory provided for Young Friends at SCYM. I understand there will be proper supervision for the high school dorm. I have discussed with my participating teen the expectation that he/she will abide by guidelines laid out for behavior and decorum, and he/she understands the need for self control and respect for people and property. I understand that if problems occur my teen may not be able to continue in the dorm.

**Signed** (Parent) \_\_\_\_\_ **date** \_\_\_\_\_

**Signed** (Sponsor--if applicable) \_\_\_\_\_ **date** \_\_\_\_\_

**Grades 9-12 YOUNG FRIEND:** I, (name) \_\_\_\_\_ understand the expectation that I will abide by guidelines laid out for behavior and decorum. I accept my responsibility for self control and for respect of people and property when allowed the privilege of staying in the dorm at SCYM. I will cooperate with the adult coordinators and the "dorm parents." I understand that if I cause problems I may be asked to leave the dorm and stay with my parents.

**Signed** (Young Friend) \_\_\_\_\_ **date** \_\_\_\_\_

Copy and fill out for each child.

SPONSOR/PARENT  
AT SCYM: \_\_\_\_\_  
\_\_\_\_\_

CHILD'S  
NAME: \_\_\_\_\_  
AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ 19\_\_\_\_  
mo. day year

**SCYM MEDICAL FORM**

REQUIRED FOR ALL FRIENDS UNDER 18 YEARS OF AGE  
(and older Friends who plan to attend the High School program.)

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WITHOUT A SIGNED FORM.**

**EMERGENCY MEDICAL INFORMATION (please specify)**

**ALLERGIES** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL IMPAIRMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESTRICTIONS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL INSTRUCTIONS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL EMERGENCY RELEASE FORM**

1 I will be in attendance at SCYM. In the event of an illness or accident, attempts to contact me should be made at Greene Family Camp.

1 I will not be in attendance at SCYM. In the event of an illness or accident, attempts should be made to contact the adult in attendance named immediately below, who is acting as sponsor for my child at SCYM.

Temporary sponsor \_\_\_\_\_

1 I will not be in attendance at SCYM. In the event of an illness or accident, attempts should be made to contact me at:

Parent name: \_\_\_\_\_ phone: \_\_\_\_\_

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

**Statement of Medical Release.** If reasonable attempts to contact me, as stated above, have been unsuccessful, I hereby give my consent for (1) my child to receive first aid on site; and/or (2) the transfer of my child to a the nearest hospital [Scott and White Hospital in Temple, Texas, tel. (254) 724-2111] on behalf of my child:

Child's name \_\_\_\_\_

Parent \_\_\_\_\_ date \_\_\_\_\_

Sponsor (if applicable) \_\_\_\_\_ date \_\_\_\_\_