North Shore Youth Council

Post Office Box 1286, Rocky Point, New York 11778
Telephone: 631–744-0207 **Fax:** 631-744-3565 www.nsyc.com

Big Buddy- Little Buddy Liability Waiver Form

I, _____, give my child, _____
(Parent's name) (Child's name)

Permission to participate in all activities offered at Big Buddy-Little Buddy. If attempts to contact me are unsuccessful, I authorize and give my consent for any emergency medical, surgical, or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical doctor or dentist, and the prompt attention/treatment in an emergency. I authorize the North Shore Youth Council to take all necessary steps to ensure my child's health and safety in case of emergency and to administer any needed medications.

In case of accident or injury I will not hold the North Shore Youth Council or its employees or volunteers responsible. I understand and assume all risks that may occur during my child's participation in these programs. I further acknowledge that North Shore Youth Council is not accountable for any injury/illness that may occur through no fault or negligence of their care, act of God, or communicable disease. I understand that should any injury occur to my child at the program, that I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

Contact Information

Mailing Address: _____

Email address: _____

Emergency Contact (if we cannot reach out first):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name of child participant: _____ Date: _____

Print name of Parent/ Guardian: _____

Signature of Parent/ Guardian: _____

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Big Buddy Little Buddy Pick-Up Authorization Form

Child's Name: _____

Parent/Guardian's Name: _____

Pick-Up Authorization

Please initial next to the appropriate statement:

- __ My child is under the age of 16, and I understand that I am required to sign my child out at the end of every session.
- __ My child is 16 years or older, and I give my child permission to sign themselves out at the end of every session.
- __ My child is 16 years or older, and I will sign my child out at the end of every session.

Authorized Pick-Up List

Please list the person(s) who are authorized to pick up your child. A photo ID will be required at sign-out.

Name of Authorized Person	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent/Guardian: _____**Date:** _____

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Big Buddy-Little Buddy Photo Participation Form

Dear Parents/ Guardians,

Occasionally, we like to photograph the children in our Big Buddy-Little Buddy programs doing various activities. Sometimes, these photographs are used on our website, social media, at the school website, or in our offices.

In order to do this, we must obtain written permission from parents/guardians. Please indicate below whether or not you would like your child's photo taken while in our program, and return it to our staff at the start of the program.

Name of child: _____

School: _____

Print name of Parent/ Guardian: _____

_____ Yes, I give permission for NSYC to take my child's photograph and use it in the manner listed above.

_____ No, I DO NOT give permission for NSYC to take my child's photograph and use it in the manner listed above.

Signature of Parent/ Guardian: _____Date: _____