University of Wisconsin – Madison

Youth Activity Registration Form Templates

Table of Contents

Youth Participant Personal Contact Information

Youth Participant Last Name: _____ First Name: _____ MI:_____

Date of Birth (MM/DD/YYYY): ____ /____ /_____ Grade in School:_____

Home Address: _____ City: _____State:_____Zip Code:_____

Home Phone Number:_____Email Address: _____

Full Name of Parent/Guardian 1: (First, Last) _____

Relationship to participant:_____

Daytime Phone:_____Alternate Phone:_____

Email:_____Place of Employment:_____

Full Name of Parent/Guardian 2: (First, Last) _____

Relationship to participant:_____

Daytime Phone:_____Alternate Phone:_____

Email:_____Place of Employment:_____

Release and Indemnification Agreement

Youth Participant Name: _____
Youth Participant Primary Guardian(s): _____
Phone: _____ Email: _____
Mailing Address: _____

Participation in this youth activity is voluntary. To participate in a youth program or activity (referred to as the "Youth Activity") sponsored by the University of Wisconsin-Madison ("UW-Madison"), the parent or guardian of the child ("Participant") must agree to the following:

- Youth activities at UW-Madison are designed to benefit Participants. I understand that procedures are put in place to minimize accidents and injuries in Youth Activities. However, I am fully aware that participation in any youth activity can include both foreseen and unforeseen risks.
- Higher risk activities planned for this Youth Activity include _____ [ADD ACTIVITIES SUCH AS SWIMMING, BOATING, ICE SKATING THAT ARE MORE LIKELY TO CAUSE AN INJURY – remove this bracketed text once you fill in the higher risk activities – if there are none, delete this bullet point].
- I understand that not all risks can be foreseen and there are some risks that are unpredictable in any activity, whether it is considered higher risk or not. I also understand that accidents can happen, and certain risks cannot be eliminated regardless of the care taken to avoid injuries. Possible risks include, but are not limited to, exposure to illnesses, minor injuries, serious injuries up to and including death or dismemberment, loss of property, emotional or psychological stress, environmental risks (e.g., storms, air quality), technology risks (e.g., cyber-crimes), and transportation risks (when transportation is part of the program) are also included in possible risks. I understand and acknowledge this existence of risk and am allowing my child to participate.

I hereby release and hold harmless UW-Madison, its Board of Regents, officers, employees, and agents from any liability for any injury, illness, loss, or damage to the Participant arising from the Youth Activity, except for any harm caused by the University's gross negligence or intentional misconduct.

I further agree to indemnify and hold harmless UW-Madison, its Board of Regents, officers, employees, and agents from any claims, demands, legal actions, or costs (including attorney's fees) arising from third-party claims for injury or property damage caused by the Participant's acts during the Youth Activity.

By signing this form, I affirm that I have read and understood this agreement, that I waive my right to sue University for the above risks (except as limited above), and that I will be responsible for any harm or damage my child causes to others.

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____ **Date:** _____

Media Release Form

Youth Activity Name/Session: _____
Youth Participant Name: _____

To participate in a youth program or activity (referred to as the "Youth Activity") sponsored by the University of Wisconsin-Madison ("UW-Madison), the parent or guardian of the child must check one of the boxes below.

☐ **Yes, I grant permission for use of "Recordings" and "Works"**

I understand that as part of my child's participation in the Youth Activity listed above, UW-Madison and its authorized staff may take photos, videos, audio, or other recordings of my child. These may include my child's name, image, voice, or likeness ("Recordings").

I give permission for UW-Madison to use these Recordings, as well as anything my child creates during the program (like drawings, writing, or other projects—called "Works"), for purposes such as promoting the Youth Activity, sharing educational information, or other university-related uses. These materials may be shared in any format, including printed materials, websites, social media, or other digital platforms, now or in the future.

I understand that I will not be able to review or approve how UW-Madison uses the Recordings or Works. I also understand that UW-Madison will own the rights to these materials.

I know that neither my child nor I will receive payment for the use of the Recordings or Works. I agree to release and not hold UW-Madison or its staff responsible for any claims related to the use of these materials.

☐ **No, I do not grant permission for use of "Recordings" and "Works"**

Please be aware that when on UW-Madison's campus or participating in university-sponsored activities, there is no expectation of privacy in public or common areas. UW-Madison has no control over photos, videos, or audio recordings that may be taken by members of the public in public or common areas.

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____ **Date:** _____

Consent for Emergency Treatment

In the event of serious injury or emergency, I authorize UW-Madison administrators, and its designated representatives to consent on my behalf to any emergency medical or hospital care needed for the Participant, as advised by a licensed physician or other qualified medical provider. I agree that I (the undersigned) am responsible for all costs of such emergency care or hospitalization. I understand that such costs are NOT covered by UW-Madison.

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____ **Date:** _____

Arrival & Departure Form and Authorized Pick-Up Persons

Youth Activity Name/Session: _____

Youth Participant Name: _____

Drop-Off/Pick-Up Authorization

I, _____, the parent/legal guardian of _____, (Participant Name)

Select one:

☐ will drop off and pick up my child from the above Youth Activity for the duration of the Youth Activity. I will authorize additional adults to drop off and/or pick up my child if I am unable to do so.

☐ authorize my child to arrive and depart from the Youth Activity independently, which allows them to self-sign in and self-sign out. My child will arrive by (select all that apply):

☐ bus ☐ bike ☐ walking ☐ driving

Authorized Pick-Up/Emergency Contacts

(Each person must show valid photo ID)

Full Name	**Phone Number**	**Address**	**Relationship to Youth Participant**
1.			
2.			
3.			

I understand and accept all risks related to my child traveling to and from the Youth Activity whether I do drop off and pick-up, or arrange for drop-off and pick-up, or allow my child to arrive and depart independently. This includes but is not limited to walking, biking, driving themselves, or riding the bus without parental or guardian supervision.

By signing this form, I hereby release and hold harmless the University of Wisconsin-Madison ("UW-Madison"), its governing board, officers, employees, agents, and representatives from any and all liability for any injury, illness, loss, damage, or death that may occur to the Participant or to the Participant's property that may happen to my child during travel to or from the program, whether or not caused by UW-Madison's negligence.

I further agree to indemnify and hold harmless UW-Madison, its governing board, officers, employees, and representatives from any claims, demands, or legal actions brought by any person for injury, death, or damage to property caused by the Participant's actions, whether intentional or negligent, while traveling to and from this Youth Activity.

I have read this agreement carefully and understand that I am giving up the right to make any claims against UW-Madison for anything that happens to my child during travel to or from the program. I also agree to protect UW-Madison from any claims made by others for injury, death, or property damage caused by my child.

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____ **Date:** _____

Permission for Youth Participant to Self-Check-In/Check-Out

Do not sign this form if you or another individual you have designated will drop off and pick up your child from the Youth Activity.

I, _____, the parent/legal guardian of _____, (Participant Name), authorize my child to self-check-in and/or check-out during the duration of the _____, (Youth Activity/Session).

I understand and acknowledge that the program begins at _____ and ends at _____ each day.

By signing this form:

- I give permission for my child to arrive **alone** at the program and **leave alone** after check-out at the conclusion of the program each day.
- I understand this does not grant permission to leave the Youth Activity at any other time.
- I acknowledge that my child will be responsible for checking in and out independently at the beginning and end of the day.

I certify that the information provided is accurate. I understand that at the conclusion of each day, the University of Wisconsin–Madison no longer holds custodial responsibility for my child, and that they are expected to leave campus promptly.

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____ **Date:** _____

Permission to Drive

Youth participants may not drive or have cars on campus during programs. Exceptions are made for participants with special circumstances and parental permission. To request permission to drive or have cars on campus, participants (or their parents/legal guardians) should contact _____.
Due to university parking restrictions _____ [ADD NAME OF YOUTH ACTIVITY AND DELETE THESE BRACKETS] does not offer parking permits. Commuter program participants must pay daily to park in _____ [LIST WHERE COMMUTERS SHOULD PARK AND DELETE THESE BRACKETS]s. Upon arrival, participants' car keys must be turned in to the program office. They will be returned at the end of the day. Participants are responsible for all parking charges.

I,_____,the parent/legal guardian of _____ give permission to my child to drive to campus to participate in the Youth Activity listed above. I have discussed the rules listed below with my child and my child agrees to abide by them, and I will require my child to abide by them.

The following rules apply to participants who have been approved to drive to programs:

1. Participants must turn in their car keys to the program office each morning. The keys will be returned at the end of the day.
2. Participants are not allowed to provide rides to other participants.
3. Participants may not leave campus for lunch.
4. All participants driving to and from campus will be required to check in with their counselor after arriving and before leaving each day.
5. Participants are responsible for all parking charges incurred

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____ **Date:** _____

Youth Participant Code of Conduct and Expectations

Please insert Youth Activity rules here for both parents/legal guardians and youth participants. A sample code of conduct is available for reference on the Office of Youth Protection website at Documents, Tools and Templates - Office of Youth Protection.

Youth Participant Health History and Emergency Care Plan

This section is for commuter youth activities only. All residential Youth Activity participants complete health history information in CampDocs.

Personal Information

Family Physician**:** _____ Address: _____ Phone Number: _____

Emergency Contacts

In case of emergency, please notify the following individual(s) if neither parent nor guardian is available.

Full Name	**Phone Number**	**Address**	**Relationship to Youth Participant**
1.			
2.			

Health History

Please complete this form so we can support your child's health, safety, and full participation in the program. Attach any care plans or notes from a doctor or specialist, if available.

1. **Does your child have any of the following health conditions?** (Please check all that apply and provide details where needed.)

☐ No specific medical conditions

☐ Learning or developmental conditions (e.g., cognitive disability, learning differences, ADD/ADHD, autism)

☐ Asthma

☐ Cerebral palsy or motor/movement disorder

☐ Diabetes

☐ Seizures or epilepsy

☐ Digestive concerns (including special diets or supplements)

☐ Food allergies – Please list specific foods:

☐ Non-food allergies – Please describe:

☐ Other conditions that need special care – Please describe:

2. Does your child have an Individualized Education Plan (IEP) or 504 Plan?

If yes, would you be willing to share relevant parts to help us support your child?

_____

3. Are there any situations, environments, or interactions that may be challenging for your child?

If yes, would you be willing to share more information to best support your child?

_____

_____

4. **What are some signs, behaviors, or physical indicators that may show if your child is experiencing discomfort, stress or a medical issue?**

Things we should look out for:

_____

5. **What actions, strategies or support have been helpful when your child is feeling unwell, overwhelmed or distressed?**
How we can best respond:

6. **Under what circumstances would you like us to contact you about your child's needs?**
Please explain:

7. **Is there anything else you'd like us to know to help your child feel safe, included and well cared for?** Additional information:

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____ **Date:** _____

Youth Activity Schedule of Events

Please insert the Youth Activity schedule of events here for both parents/legal guardians and youth participants.