

New York State Young Birders Club Field Trip Registration Form – 2018

Student's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Parent's Cell Phone _____ Student's Cell _____

How will student get to and return from these events? (check all that apply) Car Public Transport. Walk

Other (please explain): _____

Names & ages of other minors who will be with you: _____

If by car, who will be driving? _____ Relationship to student _____

I hereby give permission for the above named young birder to participate in the field trips marked "Yes" below of the New York State Young Birders Club (NYSYBC), a program of the New York State Ornithological Association, Inc. (NYSOA). I assume all risks and hazards incidental to the activities of the event and transportation to, from, and during the event. I further release, absolve, indemnify, and hold harmless the New York State Young Birders Club, the New York State Ornithological Association, and all organizers, sponsors, leaders, chaperones, and supervisors of the event. In case of injury, I hereby waive all claims against all organizers, sponsors, leaders, and supervisors. I likewise release from responsibility any person transporting my child to, from, and during the scheduled activities.

Adults Attending: _____ Minors Attending: _____

Kickoff, Ossining 1/14/18 Yes No ACCURATE count of how many will have the provided lunch: _____

Trip information available at www.nysyoungbirders.org. Also watch for email updates.

Parent/guardian information & signature (below) required for all participants under age 18

Note: Parents are encouraged to participate in field trips and other NYSYBC activities!

Consent or Non-Consent to Use of Photographs

From time to time throughout the year, an occasion may arise where we would like to publish a photo of the young birder named above in the newspaper, NYSOA and/or NYSOA member club newsletter and/or website, NYSYBC newsletter and/or website, or a similar publication. WE DO NOT IDENTIFY MINORS IN IMAGES ON THE NYSYBC website.

Please **initial** DO or DO NOT: By signing below, I _____ DO _____ DO NOT give permission to use images of the young birder named above in the manner described.

Name of parent or legal guardian (please print): _____

Signature of parent or legal guardian

Relationship to student

Date

Phone (if different from above)

Address (if different from above)

Parent's email

City, State, Zip (if different from above)

QUESTIONS? Email NYSYBC's Adult Coordinators at ycb@nybirds.org

PLEASE FAX to: (845) 724-3431 **or SCAN/PHOTOGRAPH & EMAIL to:** ycb@nybirds.org
or mail completed form to: NYSOA-NYSYBC, PO Box 363, Poughquag, NY 12570

NYSOA/NYSYBC EMERGENCY MEDICAL AUTHORIZATION FORM - 2018

(to be submitted ONCE PER YEAR with the FIRST field trip permission form for each calendar year - please print)

There may be times during a NYSOA or NYSYBC event when minors become separated from their parents. This form is to enable parents and guardians to authorize the provision of emergency treatment for minors who become ill or injured when parents or guardians cannot be reached.

Student Last Name: _____ First: _____

Part I – Contact Information

Birthdate _____ Phone1: _____ Phone2: _____

Residential Parent or Guardian:

Mother's Last Name: _____ First: _____ Phone1: _____ Phone2: _____

Father's Last Name: _____ First: _____ Phone1: _____ Phone2: _____

Other's Last Name: _____ First: _____ Phone1: _____ Phone2: _____

Name of Relative or other secondary emergency contact:

Last: _____ First: _____ Relationship: _____ Phone1: _____

Address: _____ Phone2: _____

Part II or III must be completed.

Part II – To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Part III – Refusal to Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish NYSOA/NYSYBC authorities to take the following actions:

Part IV – Signature

Date _____ Signature of Parent or Guardian: _____

Parent/Guardian's Address _____