

**CODE OF ETHICS**

1. No one shall be allowed to participate in this function who has not returned a signed *Release Form and Emergency Medical Attention Authorization Form*.
2. Everyone must respect the rights and property of other participants and residents.
3. Drugs of any kind (marijuana, alcohol, etc.) are prohibited.
4. All participants must be within the confines of the activity at specified and agreed to times.
5. All participants will be responsible to their respective advisors or adult leaders as to their whereabouts at all times.
6. All participants will be responsible for their behavior and actions to their respective peers, advisors, and adult leaders.
7. Violation of the above provisions will be investigated, and individuals may be requested to leave the site of the activity and forfeiture of registration and other fees.
8. If deemed necessary by the advisors, the parents will be responsible for the immediate return of the participant.

WE, THE UNDERSIGNED HAVE READ, UNDERSTOOD, AND ARE FULLY AWARE OF THE ABOVE CODE OF ETHICS.

\_\_\_\_\_  
Jr. YBA Member Signature                      Date                      Parent/Guardian Signature                      Date

**RELEASE FORM**

In connection with the attendance and participation of \_\_\_\_\_ (Jr. YBA Member) in the activities of the Jr. YBA during September 2018 to September 2019, I, the undersigned, agree to release, indemnify, and hold harmless the Bay District Jr. YBA, its officers, agents and persons from any and all manner of claims, suits, demands, and liability which may otherwise be made by or on behalf of the minor.

\_\_\_\_\_  
Parent/Guardian Signature                      Date

**EMERGENCY MEDICAL ATTENTION AUTHORIZATION FORM**

Permission is hereby given to the advisors/adult leaders to authorize by his or her signature whatever medical or surgical treatment may be deemed necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency which may occur on an excursion or activity sponsored by the Bay District Jr. Y.B.A. during the year from September 2018 to September 2019.

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Street Address                      City/State/Zip Code

\_\_\_\_\_  
Home Phone #                      Work Phone #                      Cell Phone #

\_\_\_\_\_  
Accident/Health Insurance Carrier                      Policy Number

\_\_\_\_\_  
Family Physician                      Address                      Phone #

Please list any allergies, sensitivity to drugs, diabetic conditions, medical concerns, etc:  
\_\_\_\_\_