

Friday Night Live/Club Live are clubs in middle, junior high, and high school that promote a healthy lifestyle-- one free of alcohol, drugs and violence--by providing alternative activities, education, and community service opportunities.

Parent Consent/Medical Release
Please Fill This Page Out Clearly & Completely.

(Participant's Name) _____ has my permission to attend Friday Night Live/Club Live events and participate in any evaluation surveys during the 2007-08 school year. I understand that in some circumstances Friday Night Live/Club Live may provide transportation to and from events with an authorized adult. I also understand that if a Friday Night Live/Club Live event extends overnight or out of state an additional permission slip will be required. I will not hold Club Live, The Council on Alcoholism & Drug Abuse, Santa Barbara County, the School Districts, or any employees of the aforementioned organizations, responsible for any injury that my child may receive during a Friday Night Live/Club Live function.

In the event of an accident or other emergency my son/daughter has my permission to receive any medical or emergency treatment or surgical diagnosis or treatment which is deemed advisable by, and is rendered under, the general or specific supervision of any physician licensed under the provisions of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide power and authority on the part of the adult representatives to give specific consent to any and all such diagnosis, treatment and hospital care which the aforementioned physician may deem advisable. (Section 25.8 of the California Civil Code)

Parent/Guardian's Name _____ Phone _____

Address _____

Emergency Contact _____ Phone _____

(other than guardian)

Name & policy # of medical insurance carrier or Medi-Cal _____

Does the above-mentioned participant have any disabilities, ailments or physical needs that we should be aware of? Are they allergic to any medication or anything else? Are they taking any medication?(If yes, please explain)

PARENT/GUARDIAN'S

SIGNATURE _____ Date _____

(This medical release is good until June 30, 2007)

Activities Contract

Participant & Parent/Guardian, Please Read the Contract Below & Sign

I, (participant name) _____ understand that Friday Night Live/Club Live is a club promoting a drug-free lifestyle and sober activities. For Friday Night Live/Club Live activities and projects to be successful, I understand the importance of mutual respect and cooperation with adult staff and other teen participants. I understand that the use of illegal drugs, alcohol or any other substance is not allowed. I understand that knives or other weapons are not permitted. I understand that any sexual activity is not allowed. I understand that if at any time during the activity or project these expectations are broken, or an advisor determines my behavior detracts from the group experience, my parent(s) or guardian(s) will be notified to pick me up, without refund. I understand that Friday Night

Live/Club Live staff may also reserve the right to inspect my personal belongings at any time.

Participant's Signature _____ Date _____

I am the parent/guardian of the above participant and I understand the contract my son/daughter has signed.

Parent /Guardian's Signature _____ Date _____