

American Cancer Society Relay For Life Youth Participation Form

ALL YOUTH PARTICIPATION FORMS MUST BE TURNED IN BY 1:00 p.m. on May 14th

Name: _____ Birthdate: _____

Address: _____

City State ZIP: _____

Home Phone () _____ Email: _____

Cell Phone () _____

Team Name Team Captain's Name: _____

Chaperone's Name: _____

Chaperone's Phone Number () _____ Cell Phone () _____

In the event of an emergency, it might be necessary to reach a parent or guardian. Please print his or her name and phone number on the line below.

Parent's Name _____

Parent's Home Phone () _____ Parent's Cell Phone () _____

All youth participants who plan to stay overnight *without* their parent or guardian must have this document signed and returned by Saturday at 1:00 p.m.. Those who return this form will be given a RFL wrist band to wear. Youth without wrist bands or parent/guardian supervision will be asked to leave after Midnight Pizza.

Any youth participant who wants to leave the RFL after that designated time will need to see a Committee Chair, Linda Dunn or Anne Richardson. Your parents will be contacted by phone to inform them of your departure. Once you leave you may not return until Closing Ceremonies at 7:00 a.m. on Sunday.

By my signature below, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I am aware that if I violate the agreement, the staff or committee chairs may, at their sole discretion, terminate my participation, and my parent/guardian will be contacted and required to provide me with transportation home at my own expense. Additionally, I understand that the American Cancer Society works with partner organizations and at its discretion may report any disciplinary action to partner organizations.

Youth Participant's Signature _____ **Date:** _____

I give permission for my son/daughter to participate in the American Cancer Society Relay For Life and my son/daughter has completed and turned in the event registration form.

Parent's Signature (required): _____ **Date:** _____

Thank you!