



Houlton Band of Maliseet Indians Youth Programs

Permission Slip/Indemnity Agreement/Medical Release Form/Transportation Form

Revised 2-25-21

Youth Participant: _____ Social Security # _____

Date of Birth: _____ Phone # _____ Gender: _____

Address: _____

Tribal Member: *yes* _____ *no* _____ Tribal Affiliation: _____

Parent or Guardian: _____

Address (if different than above): _____

Phone Numbers: Home: _____

Work: _____

Cell: _____

If I cannot be reached, please notify: _____

Phone Numbers: Home: _____

Work: _____

Cell: _____

Address: _____

School: _____ Grade: _____

Can your child swim? () Yes () No () Not a strong swimmer

Permission for child to leave with the following
in the event you cannot pick up your child, they are allowed to leave with the following people.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Please list any Allergies including food and medications: _____

Describe any Medical Conditions or restrictions to physical activities: _____

List medication(s) presently taking:

Primary Physician: _____ **Dentist:** _____

The undersigned parent or legal guardian of the minor child listed above does hereby give permission for the above named individual to attend any and all activities of the HBMI Youth Programs for the **2021 - 2022** year. As a condition of attending, I do hereby release the Houlton Band of Maliseet Indians, as well as their officers, agents, and employees, from any and all claims, demands, actions, or causes of action due to death, injury, illness, in any way, arising from the above described activity, including, but not limited to transportation to and from events.

I hereby authorized the treatment, administration of anesthesia, surgical treatment for my minor child listed above, in the event of a medical situation occurring in my absence or when the hospital or physicians are unable to contact me. This is extending to any authorized doctor, nursing personnel, emergency medical technician, hospital or other medical facility attempting to treat or relieve any injuries received by said minor child while she/he is a participant or observer during HBMI Youth Program activities. I release from medical responsibility and liability any hospital, physician(s) and nursing personnel for performing medical procedures and acting on the authority of this medical treatment consent from which such medical providers deem necessary for my minor child.

Parent/Guardian Signature: _____ **Date:** _____

H.B.M.I / B&G Club
Youth Program
All Ages

Youth Disciplinary Policy

Revised 6-7-2010

1. The Youth Staff will give a verbal warning for any inappropriate behavior or language. We follow a **3 strike policy**. The strikes will result in the disciplinary actions below. However, the **3 strike policy** will not be in effect if any child willfully injures another child, or commits any acts of violence, or is involved with drugs or alcohol.

2. The First offense will result in a minimum of a one-day suspension from youth activities. A written explanation of the incident will be sent through the mail or hand delivered to the

parents or guardian.

3. The Second offense will result in a mandatory week suspension from youth activities. A written explanation of the incident will be sent through the mail or hand delivered to the parents or guardian.

4. The Third offense will result in a suspension based on the Youth Departments discretion.

5. Youth may **never** leave activities without written or verbal permission from parents or guardian

6. When being transported, seatbelts must be worn as per the state law.

7. If your child is home sick or leaves school sick, he or she will not be allowed to attend Youth Activities for that day.

8. **All youth are expected to cooperate, listen and respect youth staff. Any issues will result in a disciplinary write-up.**

Child's Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Houlton Band of Maliseet Indians
Youth Program

Transportation Form

The Maliseet Youth Dept. provides transportation to children who live within a 30-mile radius from the H.B.M.I Riverside Gymnasium.

Youth Participant: _____

The undersigned parent or legal guardian of the minor child listed above, hereby give permission for the above named child to utilize transportation provided by H.B.M.I. youth program from _____ to the H.B.M.I. Gymnasium.
(Name of school)

The undersigned parent or legal guardians of the minor child listed above, hereby give permission for the above named child to be transported from the Maliseet Youth Program to the following location:

Home address: _____

Supervising Adult(s): _____

Signed this _____ day of _____, 2021.

Signature of Parent/Guardian: _____

Phone Numbers Home: _____

Work: _____

Cell: _____

Houlton Band of Maliseet Indians
Youth Program

Photo Release Form

A signed release form is needed for anyone who is visibly recognizable in a photo. A release is not needed for crowd scenes where no single person is the main feature. Photos may be published in a newsletter or used for other health and wellness publicity.

I give permission to have my child's photo published or displayed for use in newsletters, on the Maliseet Youth Department Facebook Page or other health and wellness publicity.

Childs name (printed): _____

Childs signature: _____ Date: _____

Parent signature (if minor): _____ Date: _____

Address: _____

Phone: _____

E-mail (optional): _____

Accepted by: _____ Date: _____