



SUCAP Youth Services Day Event Permission Form

Please return this page to SUCAP Youth Services

This permission form is intended to be a web-based, printable, generic supplement to forms created for the specific activities the participant plans to attend; and was created for the convenience of the participant and their guardian. As such, **in order for this permission form to be accepted, the trip name, location, and date must be filled in by the guardian before signing.** Permission forms returned not containing this information will not be accepted.

For information regarding programming please contact the following:

- 970-759-2011 for Club Venture activities
- 970-759-6515 for Curiosity activities
- 970-563-9235 for other questions regarding SUCAP Youth Services events.

Parent/Guardian:

By signing below I'm stating that I agree to the following: My dependent has my permission to attend the event and activities I have indicated below. I have discussed the event and associated activities with a SUCAP Youth services employee and agree to all terms discussed, allowing for a safe experience for my dependent. ***I have completed an up-to-date SUCAP Youth Services Registration Packet*** (available at the SUCAP Administration building @ 285 Lakin St. Ignacio, CO and on line @ <http://sucap.org/youth-services/forms/>); all information submitted to SUCAP Youth Services is correct and up to date; and I agree to all policies, procedures and liability agreements stated within that packet

Participant:

When participating in SUCAP Youth Services events you become an ambassador for the program, and as such, our expectations of you are truly high. By signing this form, and agreeing to participate in this activity, you are agreeing to follow instructions from trip leaders and abide by all rules of the program and those of the locations we visit. All 6 traits of Character Counts should be on full display at all times (Trustworthiness, Respect, Responsibility, Fairness, Caring and Citizenship!).

Event Name	Event Location	Event Date
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Youth Name	Youth Signature	Date
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Parent/Guardian Name	Parent/Guardian Signature	Date
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Emergency Contact Name:	Emergency Contact Number:
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New/Pertinent Medical Information (if relevant):
