



Parental Consent

Return completed form to:
Volunteer Administrator
New York-New Jersey Trail Conference
600 Ramapo Valley Road, Mahwah, NJ 07430
Ph: 201.512.9348 email: volunteers@nynjtc.org

CONTACT INFORMATION	
<i>Name of Volunteer (First, MI, Last):</i>	
<i>Name of Parent or Guardian:</i>	
<i>Street:</i>	
<i>City: State: Zip:</i>	
<i>Primary Phone:</i>	<input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Cell
<i>Alt. Phone:</i>	<input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Cell
MEDICAL INFORMATION	
<i>List any allergies volunteer has (medications, foods, dust, pollen, bites or stings, etc.):</i>	
<i>List any emergency medications the volunteer carries:</i>	
<i>Note any medical conditions of which we should be aware:</i>	
<i>Name of Primary Care Physician:</i>	<i>Phone:</i>
PERMISSION & CONSENT	
I give my permission for _____ (<i>name of minor</i>) to participate in this program sponsored by the NY-NJ Trail Conference, in the role of _____	
I also give consent for emergency or other medical treatment to _____ (<i>name of minor</i>) should s/he require such treatment as a result of his or her activities as a Trail Conference volunteer.	
ACKNOWLEDGMENT & AGREEMENT	
I affirm that I am the parent or guardian of the above-named volunteer. I understand that the New York-New Jersey Trail Conference does not provide compensation, and that the service will not confer on the volunteer the status of an employee. I understand the type of work the volunteer will perform.	
Minors (under 18) must have both parental authorizations and emergency medical treatment permissions signed before any work is done. Minors may NOT operate power equipment. When on the trail without a parent or guardian present, the emergency medical treatment form should be with the minor volunteer at all times	
By signing below, I agree to release the volunteer's supervisor and the New York-New Jersey Trail Conference from any claim for damage or injury to the volunteer.	
<i>Additional Comments: (use reverse of form if necessary)</i>	
<i>Signature of Parent or Guardian:</i>	<i>Date:</i>

For at least one of the contact phone numbers, please provide a cell phone number.

This form is confidential and will be stored in a locked file in the offices of the New York-New Jersey Trail Conference.

Revision date: January 18, 2017