



## **Youth Legal Form – Domestic Programs**

### **Appointment of Temporary Guardian for Travel and Medical Care, Release and Consent**

Intended use: This form shall be used for all activities occurring in the United States (mini camps, Annual Meeting & Conference/CISV In Motion, National Youth Meeting, National Leadership Training, etc.), by youth under the age of 18. **THIS FORM IS NOT FOR USE FOR INTERNATIONAL PROGRAMS, WHETHER HELD IN THE USA OR OUTSIDE THE USA.**

This form is to be completed by the parent or legal guardian of the participant. The signed original should be given to the adult chaperone. A copy should be retained by the sending Chapter. Completion and signing of this form is a condition of participation in the CISV activity named below.

#### **Part 1: Personal Information**

Full Name of Participant: [Click here to enter text.](#) Participant's DOB: [Click here to enter text.](#)

Participant's Cell Phone: [Click here to enter text.](#) Participant's E-mail: [Click here to enter text.](#)

CISV Activity & Location: [Click here to enter text.](#)

Name of on-site Adult Chaperone: [Click here to enter text.](#)

On-site Adult Chaperone's Cell Phone: [Click here to enter text.](#)

Name of in-transit Adult Chaperone (if different from on-site Chaperone): [Click here to enter text.](#)

In-transit Adult Chaperone Cell Phone: [Click here to enter text.](#)

Please list any dietary restrictions:  
[Click here to enter text.](#)

Please list any allergies or other health restrictions:  
[Click here to enter text.](#)

☐ My child is at least 16 years old and has my permission to travel to/from this activity without an adult chaperone. (PLEASE CHECK IF APPLICABLE.)

Parent/Legal Guardian Full Name: [Click here to enter text.](#)

Parent/Legal Guardian Address: [Click here to enter text.](#)

Parent/Legal Guardian E-Mail Address: [Click here to enter text.](#)

Parent/Legal Guardian Home Phone: [Click here to enter text.](#) Cell Phone: [Click here to enter text.](#)

Alternate Contact Full Name: [Click here to enter text.](#)

Alternate Contact Home Phone: [Click here to enter text.](#) Cell Phone [Click here to enter text.](#)

## **Part 2: Authorization for Participant to Travel With an Adult Chaperone & Appointment of Temporary Guardian**

I give permission for my child (named above) to travel to and from the CISV activity with the Adult Chaperone(s) named above. I hereby appoint the Adult Chaperone(s) as Temporary Guardian(s) of my child for the purpose of consenting to medical treatment and providing prescribed medication. If the Adult Chaperone(s) is not available, and prompt medical attention is needed, I also appoint CISV personnel (activity staff or host family) from the host Chapter/CISV USA to consent to medical treatment on behalf of my child. This appointment is valid for the period stated below:

From [Click here to enter a date.](#) To [Click here to enter a date.](#)

## **Part 3: Medical Insurance & Financial Responsibility for Medical Treatment**

I understand that my child must have medical insurance in order to participate in this CISV activity and that I am responsible for any medical expenses incurred by my child while at the activity. **A copy of my medical insurance card is attached.** (Attach by stapling a copy of the card to this form.)

Insurance Company Name: [Click here to enter text.](#)

Name of the Insured: [Click here to enter text.](#) Policy Number: [Click here to enter text.](#)

## **Part 4: Legal Release & Responsibility to Pay for Damage**

I understand the nature of the CISV activity named above and I consider my child to be capable of taking part in it. I agree not to make a claim or file a lawsuit against CISV if my child is injured while traveling to/from and/or participating in the activity, unless there has been gross negligence on the part of CISV.

My child and I understand that CISV participants are expected to conduct themselves in accordance with local laws and CISV rules, including the *National Code of Conduct for Junior Branch USA*. If my child engages in inappropriate behavior, my child may be sent home before the end of the activity at CISV's discretion. I will cover the costs of this trip. I also agree to pay for any damage or injury caused by my child.

## **Part 5: Membership**

I understand that as part of participation in the activity named above, my child/our family is required to hold membership in a CISV Chapter or the National Association. I agree that CISV will keep a record of my child's name and contact details, will use this information for internal administration of membership and participation, and may contact my child in the future with information about the organization.

A child/family may participate in activities without membership for the purpose of recruitment.

#### **Part 6: Permission to Use Photographs, Artwork, Written Work, Videos, and Audiotapes**

I agree that CISV may use and publish photographs, artwork, written work, videos, and audiotapes created as part of participation in the activity named above. CISV may use these items in the production of educational, social, or promotional materials including web pages. These items may be used and published with my child's first name or nickname, age, Chapter, and/or nationality. Unless my specific consent is obtained, my child will not be identified by full name.

Check one: ☐ I agree to use. ☐ I do not agree to use.

#### **Part 7: Permission to Swim**

I give my child permission to participate in swimming and other water activities. My child's swimming ability is:

Check one: ☐ None ☐ Some ☐ Good

#### **Part 8: Use of the myCISV Website**

I give my child permission to register on <https://www.cisv.org/mycisv/>. myCISV is designed to assist CISV with administration of the CISV activity named above and to help CISV participants stay in touch with each other after the activity.

#### **Part 9: National Code of Conduct for Junior Branch USA**

**Please place a checkmark in each box after reading the statement.**

☐ I acknowledge that I have read, am familiar with, understand, and agree to respect and abide by the CISV Behavior Policy (R-07 [1536]) and its standards, guidelines, and recommendations.

☐ I will abide by all local laws, including those regarding the buying and consuming of alcohol and tobacco products if under the age of 18 and under no circumstances will I

purchase or consume alcohol if under the age of 21. In addition, if I am of age, I will not purchase or provide these items for someone else. The purchase, possession, or consumption of psychoactive or mind-altering substances will not be tolerated under any circumstances, regardless of local laws permitting their purchase, possession, or consumption.

☐ Only people who are assigned to my room/cabin/house will sleep there. In addition, I will respect and follow any additional rules set for the activity in relation to visitors being in my room/cabin/house.

☐ I will abide by the curfew set for nighttime activities (if applicable). This means that I will be in my room/cabin/house before the established time, with no questions asked.

☐ I will exhibit respectful and reasonably quiet behavior in all areas of the site, including bedrooms, hallways, elevators, public areas, and meeting rooms. In addition, I will show respect toward all hotel/site employees and CISV chaperones.

☐ If I wish to leave the site for any reason, I understand that I must go with and/or get the permission of my chaperone. I understand that my chaperone must know where I am at all times. I also understand that I will ride in a motor vehicle only with someone who is 25 years of age or older, as per CISV USA's liability insurance requirements.

☐ I will attend, be on time to, and fully participate in all activities throughout the entire program.

☐ I will abide by any additional rules.

☐ I understand that if I violate any part of the *National Code of Conduct for Junior Branch USA* I will be subject to disciplinary action decided upon by the staff of the activity, including but not limited to having my participation in future activities limited and/or being sent home at my own expense. I also understand that I must pay for any damage to the site that I may cause.

#### **Part 10: Required Signatures of Participant and Parent/Guardian**

Participant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_