

PLAST-Ukrainian Scouting Organization-USA (Detroit Branch) ACTIVITY PERMISSION FORM

I grant permission for (**name of child**): _____
to participate in activities at the Plast Domivka on Chicago Road and surrounding vicinity in
Warren, MI beginning on September 1, 2017.

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby
give permission to the bearer of this form to allow any physician, medical facility, or other health
care provider, including paramedic, to provide any emergency medical treatment deemed
necessary in the event of injury or illness of my child while participating in this event and to
exchange any protected health information for this purpose.

For consideration of Plast allowing my child to participate in these activities, and other good and
valuable consideration, the sufficiency of which I acknowledge, on behalf of myself, any other
parent or guardian and my child, I/we agree to indemnify and hold harmless Plast, their agents,
members, officers, employees, counselors, and volunteers, from any and all liability, claims,
suits, demands, damages, judgments, costs, interest and expenses (including attorney's fees and
all legal costs, any injury and costs of medical services, etc.) arising directly or indirectly from
the participation or transportation of my child with regard to this activity. I further waive all
claims I may have against Plast, to the fullest extent permitted by law. I also acknowledge I have
the authority and ability to sign this Permission Form, inclusive with all its components. In the
event any provision of this Form is deemed invalid, the balance remains in full force and effect.

Parent/Guardian signature: _____ Date: _____

Child's name in Ukrainian: _____

Parents/Guardians (**Print Names**): (1) _____

(2) _____

Address: _____

Parent Cell Phone #s: (1) _____ E-mails: (1) _____

(2) _____ (2) _____

Date of Birth: _____ Grade in school: _____ Grade in Ukrainian School: _____

Emergency contact person: _____ Phone number _____
(if parents can't be reached)

Insurance Provider & Policy Number: _____

Child's Allergies/Medical Conditions : _____