



## YOUTH PARTICIPATION / EMERGENCY AUTHORIZATION CONTRACT

Required for Volunteers under the age of 18

Volunteer name: \_\_\_\_\_

Volunteer date of birth: \_\_\_\_\_

Physician name: \_\_\_\_\_ Physician phone: \_\_\_\_\_

By signing below, I understand my child will be participating with Committee on the Shelterless (COTS) as a volunteer. Depending on the project, activities may include working with other teenagers, physical labor, or the use of simple tools. I understand that the nature of the activities performed during any volunteer shift prohibits the COTS staff from being prepared to deal with every situation that may occur while volunteering. I also understand and agree that COTS is not liable for any accident or injury that may occur while my child is volunteering with COTS.

I agree to pick up my child immediately if contacted by the COTS staff due to any disciplinary problem which could include, but is not limited to: Suspected drug / alcohol use, fighting, or dangerous behavior.

I hereby grant permission for COTS staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include contacting the parent/guardian, contacting the child's physician or other physician, calling an ambulance, and/or authorizing that a child be taken to an emergency hospital in the company of a staff member.

Parent/guardian name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_