

Mount Monadnock Climb Sign-Up for Adults & Families

Junior or senior high youth attending on your own, please complete and return the permission slip on the reverse of this page instead. Thank you!

On Saturday, June 6th, 2015, a group from Friends Meeting at Cambridge will join the Friends Camp Mount Monadnock Climb in New Hampshire. We'll leave from FMC at 8 am to arrive at Mount Monadnock by 10 am. Please see the enclosed flyer for more details.

Adults and families, please complete this form and return it to Christa Frintner by Sunday, May 31st

Family or Individual Name: _____

Phone Number: _____ Email: _____

Number of adults attending: _____ Number of youth attending (and ages): _____

Will you be driving? Yes / No

If so, are you willing and able to take additional people in your car? Yes / No

If yes, how many? _____

If driving, please check here to indicate that you have a valid driver's license and car insurance.

Please provide the following information so we are prepared in case of an emergency:

Emergency Contact Name: _____ Contact Tel: _____

2nd Emergency Contact Name: _____ Contact Tel: _____

Please list any Allergies or Disabilities: _____

Please return this completed form by Sunday, May 31st so that we can help coordinate rides.

Again, TO JUNIOR OR SENIOR HIGH YOUTH ATTENDING WITHOUT AN ADULT, please complete and return the permission slip on the reverse of this page.

Completed forms can be left in the Youth & Family Programs Coordinator Mailbox at FMC, emailed to youthandfamilies@fmcquaker.org, or mailed to:

Christa Frintner
Youth & Family Programs Coordinator
Friends Meeting at Cambridge
5 Longfellow Park
Cambridge, MA 02138

Youth Permission Slip

Required for Jr/Sr High Youth Attending without a Parent or Guardian

Youth Name(s):.....Youth Preferred Name/Nickname:.....

Youth Cell Phone:.....Youth Email:.....

Parent/Guardian Name(s):

Home Phone:.....Cell Phone:Email:.....

2nd Parent/Guardian

Home Phone:.....Cell Phone:Email:.....

Medical Insurance

Physician's Name: Phone:

Insurance Company:

Name on Plan: Insurance Number:

Permission Form

I hereby give my permission for my child(ren), _____, [fill in youth name(s)] to participate in the 2015 Mount Monadnock Climb under the supervision of FMC and Friends Camp volunteers and staff, including transportation to and from the mountain with an FMC community member (to be specified prior to the date of this event). I am aware that participation in this activity involves certain risks and dangers. I understand that while at the event, participants are expected to follow all instructions of volunteer and staff people that are charged with their care. I hereby release and waive all claims against Friends Meeting at Cambridge arising out of child's failure to remain under the supervision and comply with the rules, standards, and instructions of Friends Meeting at Cambridge.

The undersigned parent or guardian of _____, [fill in youth name(s)] for his/her child(ren), him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Friends Meeting at Cambridge or its officers, agents, servants or employees, the undersigned parent or guardian will defend, indemnify, and hold harmless Friends Meeting at Cambridge and its officers, agents, servants or employees from any and all claims or causes of action by my child or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of my child or my child present any claim against Friends Meeting at Cambridge and said persons for personal injuries, property damage, wrongful death or otherwise, caused by any act of negligence by Friends Meeting at Cambridge and said persons.

The authority granted herein also includes the authority to consent to any emergency transportation, medical and/or dental treatment, and hospital care for my child, under the general supervision and/or upon the advice of, a licensed physician and/or surgeon, or by a licensed dentist. In a life threatening situation, every attempt will be made to contact both the child's parents and primary care physician as soon as possible.

I give my full permission for the release and exchange of any Health Form information about my child or teen with program staff and consultants.

I do I do not (please check one) give permission for Friends Meeting at Cambridge to post pictures of my child on FMC's Youth Program's online sites. I understand that no names are attached with any photos.

I have read and agree to the above conditions.

Dated this _____ day of _____, 2015

(Parent's/Legal Guardian's signature)