

AWSC KAOS

Please complete all sections and pages and return to Michelle Gates at mmgates@charter.net or 224 N Fulton St, Princeton, WI 54968.

Assumption of Risk Agreement and Release

The undersigned assumes all responsibility for and all risk of damage, injury, death, loss of personal property and expenses, personal negligence in participating, that may occur to the undersigned while attending any AWSC KAOS activity and participating in exercises or following activity instructions. In consideration of being accepted as a participant the undersigned hereby releases and discharges the AWSC and the KAOS Youth Program, its officers, organizers, and chaperones from all claims, demands, rights or causes of action present or future, whether known, anticipated or unanticipated, and resulting from, arising out of, or incident to, the undersigned participation in the activity. I have read, understood, and accepted the terms and conditions listed herein and acknowledge that this agreement shall be binding and sign the Assumption of Risk Statement and Release.

Dated this _____ day of _____, 20_____.

Participant's Name _____

Participant's Signature _____

Parent/Guardian's Signature _____

Snowmobile Liability Insurance

Insurance Company: _____

Phone Number: () _____

Policy Number: _____

Medical Information and Treatment Permission Form

Name _____ Birth Date _____

Please Check the following information regarding your child.

Yes No
_____ _____ Asthma - What triggers attacks? _____

Specify treatment and frequency _____

_____ _____ Diabetes - Specify diet and testing routine _____

_____ _____ Seizures - Specify frequency and type of seizures _____

_____ _____ Heart Disease/High Blood Pressure - Specify _____

_____ _____ Allergies - Specify agent and treatment _____

Does your child have an Epi Pen for emergency use? Yes _____ No _____

_____ _____ Physical Handicap - Specify _____

_____ _____ Vision or hearing impairment - Specify _____

_____ _____ History of serious injury, surgery, accidents, or other medical conditions that would be
of significance

_____ _____ Is youth taking medication: Specify drug, frequency and reason taken:

Each participant will be responsible for administering their own medications while on the trip. Only enough medication should be sent for the duration of the trip. All medications should be in the original containers. Youth should bring any over-the-counter medication that they might require.

Date of last Tetanus Immunization _____

Physician _____ Office Phone #: (_____) _____

Dentist _____ Office Phone #: (_____) _____

I give my permission for the above health information to be shared with any medical personnel if necessary. I understand that the information will be handled in a confidential manner.

Parent Signature _____ Date _____

Authorization to Consent to Medical Treatment

On rare occasions, an emergency requiring treatment, hospitalization, and/or surgery develops. While every effort will be made to contact parents or guardian before any treatment is given, the below authorization could prevent dangerous delay in the event parents cannot be contacted.

I/We, the undersigned, parent(s) of _____ do hereby authorize the chaperones of the KAOS YOUTH activity to give consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of the physician or surgeon in charge.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I understand that I am responsible for medical expenses or evacuation expenses incurred that are not covered by my health insurance policy. This authorization shall remain in effect throughout the duration of the youth's participation in this year's program.

Parent/legal guardian signature(s) _____ Date _____

_____ Date _____

Preferred Hospital System:

Primary Insurance Company _____

Policy Number _____

Phone Number (_____) _____

Secondary Insurance Company _____

Policy Number _____

Phone Number (_____) _____

Mother's Name _____ Home Phone (_____) _____

Workplace _____ Work Phone (_____) _____

Father's Name _____ Home Phone (____) _____

Workplace _____ Work Phone (____) _____

Emergency Contact (other than parent)

Name _____ Relationship to youth _____

Home Phone (____) _____ Work Phone (____) _____

Comments:

PARENT/LEGAL GUARDIAN EXCURSION WAIVER

We, as parents or guardians of _____
(Name of Participant)

grant our permission and consent to participate in any activities planned by the AWSK, the KAOS YOUTH LEADERSHIP organization and any KAOS committee members. In granting and accepting such permission and consent, we specifically recognize that such consent and participation in the activity is voluntary. In granting such permission and consent, we:

Expressly recognize that these trips may entail traveling and therefore, we accept and assume all responsibility and risks related to such travel.

Acknowledge and assume full responsibility for any and all damage to person or property caused by our child or ward during such activity.

Expressly authorize emergency medical or dental treatment deemed necessary by the participating adults during such activity.

Expressly agree that in the event that any disciplinary action or the health of my child requires that my child be returned home during such activity that such return shall be accomplished at our expense.

Expressly agree that we, the undersigned, waive and release all claims against the club officers, activity organizers or accompanying chaperones on this activity, from any injury, loss, damage, accident, medical care, delay or expense regardless of its cause. We also release the officers, organizers or chaperones from any financial obligation incurred by us and agree to indemnify them with regard to any such liabilities that we or our child/ward may cause while participating in this trip.

We expressly acknowledge that we have carefully read this statement and understand its impact and effect. We acknowledge and understand that if we have any questions in regard to this statement that we have exercised our right to have it reviewed and further explained to us prior to our signing.

Dated this _____ day of _____, 20__.

_____ (Signature of Parent or Guardian)

_____ (Signature of Parent or Guardian)

(Phone) (Address-parent/guardian) (City) (State) (Zip)

AWSC/KAOS

CODE OF CONDUCT

Participation in the AWSC/KAOS Youth Leadership Program is a privilege, not a right. Youth choosing to participate in this program agree to act in a manner that positively represents themselves, the AWSC, KAOS and their peers. This Code of Conduct **MUST** be signed by the member and the parents/guardians to participate in the KAOS Youth Leadership Program. This Code of Conduct will be in effect for the complete year and will include all activities, meetings, workshops, conventions, travels, and invited presentations.

GENERAL POLICIES:

- (1) Youth Reps/Advisors are required to attend all general sessions and activities assigned, committee meetings, etc., unless engaged in some specific assignment taking place at the same time.
- (2) Appropriate dress will be expected.
- (3) Youth Reps/Advisors will show respect for other members, chairs and supervisors involved in club activities. They will refrain from any violence including the physical and/or verbal abuse of others.
- (4) Youth Reps/Advisors will respect the property rights of others. This includes theft or vandalism of property belonging to other individuals or establishments.
- (5) Youth Reps/Advisors must be registered at the host hotel. They may not stay at an off-site facility unless accompanied by a parent/guardian.
- (6) Youth Reps/Advisors must sleep in their assigned rooms. Group gatherings or parties will not be permitted in an individual hotel room.
- (7) Youth Reps/Advisors shall not be permitted to leave the campus unless accompanied by an adult or given specific approval by their KAOS Chairman/Supervisor. The Youth Chairman must be advised if a member is leaving the campus with a parent/guardian.
- (8) Youth Reps/Advisors will exhibit general conduct at all AWSC/KAOS events and activities so as to not discredit the organization or any of its members.
- (9) There will be a “**ZERO TOLERANCE**” policy for any infraction involving alcohol, tobacco or illegal drugs.

CONSEQUENCES FOR VIOLATIONS:

(10) Consequences for Paragraph (9) will include:

- a. Immediate dismissal from the position of Youth Rep/Advisor and the total KAOS program.
- b. Parents will be contacted and advised of the infraction.
 - c. The violating member will immediately be sent home at the parent=s expense.
 - d. If a KAOS member is sent home, dismissed, or suspended, there will be no refunds for monies paid in advance of an event.
 - e. If a KAOS member is sent home, dismissed, or suspended, and if an amount of money has been paid by the KAOS Program or the AWSC on behalf of such member for future events, these fees will be reimbursed to the organization by either the parent or the member personally.

(11) An infraction of any other policy will result in a review of the situation jointly by the Youth Committee, one parent of the youth and the violating member before any penalties are imposed. These penalties may include removal from the program, suspension from the program for a given period of time, given a probationary status, or any other form of discipline that the review board deems appropriate.

(12) Discussions and results of any disciplinary matters will remain confidential and strictly within the Review Board. No portion of this matter will be made public or discussed with any other member or parent. It is not our intention to embarrass any of the KAOS members, their family, the AWSC or the KAOS program.

KAOS MEMBER: By signing this Code of Conduct, I agree to abide by the rules of the KAOS Organization and I accept the consequences.

Signature of KAOS Member _____ Date _____

PARENTS/GUARDIANS: We hereby acknowledge, as the parent/guardian of the above KAOS member, that we have read the Code of Conduct and understand the rules and penalties for infraction of the rules as stated in this Code.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____