

# 2023 Connect Center Student Permission Slip

Please provide the following information about your student:

Student's Full Name: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

## Primary Contact

Primary Contact Name: \_\_\_\_\_

Primary Contact Telephone: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

## Emergency Contact (if primary contact is unavailable)

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

Necessary Medical Information: \_\_\_\_\_

I would like to have my email address added to the Connect Center mailing list

<b>Permission for Participation and Liability Release</b>	The Connect Center is a space with programs designated for students grades 6-12 to foster community, empowerment, and innovation. I hereby release the Connect Center, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage, or injury (including death) that may be sustained by my student while participating in or traveling to and from programs at the Connect Center. The Connect Center is not responsible for any loss of property due to damage, loss, or theft.	Guardian Initials: _____
<b>Permission for Use of Photos</b>	I give permission for my student to participate in programs at the Connect Center. I further recognize that the Connect Center uses photographs and video images of events in its publications including websites, newsletters, and social media. I hereby grant permission for photo/video images of my student to be taken and used for such purposes.	Guardian Initials: _____
<b>Permission for Emergency Medical Treatment</b>	I understand that personal injury can and may occur to my student and I hereby authorize the Connect Center's appointed advisor to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.	Guardian Initials: _____

Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# Connect Center Code of Conduct

As a Connect Center Youth:

- I will listen to and follow instructions given to me by Connect Center staff
- I will not engage in disruptive activities, such as running or excessive screaming.
- I will always keep my hands to myself.
- I will always use kind and appropriate language when talking to my peers, volunteers and other adults.
- I will not touch or take other people's belongings without their permission.
- I will always clean up after myself to ensure the Connect Center stays clean and organized.
- I will respect the Connect Center and those in it.
- I am aware that if I am spoken to 3 times I will be asked to leave.
- I will not bring weapons to the Connect Center nor will I create them in the facility.
- I will never enter a room in the Connect Center unsupervised.

Printed Name of Parent or Legal  
Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Youth: \_\_\_\_\_

Signature of Youth: \_\_\_\_\_

Date: \_\_\_\_\_