



Ontario Horticultural Association Youth Club Permission Form

Society/Garden Club: _____

District Number: _____

Youth Club Name: _____

Fee per year: \$ _____

Name of Youth Member: _____

Age of Youth Member: 6-8 yrs, 9-11 yrs, 12-14 yrs, 15-18 yrs Vulnerable Persons
Please check the appropriate (box) for age group

Name of Parent /Guardian: _____

Address of Parent/Guardian: _____

Phone Number: _____ Emergency Number: _____

I hereby give the above Youth Club and OHA permission to:

- Publish my image (photographs) taken of me with or without other members in newspapers and other media. This would include the association's website and other similar promotional materials.
Yes No
- Display my work or comments on the association's website and other similar promotional materials, and/or place them in local and/or Provincial OHA competitions.
Yes No

I hereby give the above Youth Club permission to take the above noted person on prearranged bus trips/outings, which I have been made fully aware of all details prior to said trip/outing.

Yes No

Information about special health conditions:

- Does your child have allergies to food? Yes No
Specify: _____
- Insect bites? Yes No
Specify: _____
- Any other health conditions? Yes No
Specify: _____

Signature of Parent/Guardian: _____

Date: _____

This permission remains in effect until the Parent/Guardian advises the Youth Leader/OHA differently in writing or one (1) year from date signed.

