



## Ontario Horticultural Association Youth Club Permission Form

Keeping Ontario Beautiful

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.