



**NORTH CAROLINA AGRICULTURAL AND  
TECHNICAL STATE UNIVERSITY  
ALUMNI ASSOCIATION, INCORPORATED**

Greater Los Angeles Chapter

PO Box 5234

Lancaster, CA 93539-5234

<http://www.losangelesaggies.com>

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## PERMISSION AND HEALTH INSURANCE FORM

### Participant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cellular or Pager Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Primary Physician:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Health Insurance Carrier:

Name: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies and Medical Conditions (if any): \_\_\_\_\_

Medications (if any): \_\_\_\_\_

### In the event of an emergency and a parent/guardian cannot be reached, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**AUTHORIZATION TO TREAT MINOR:** In the event that I and the persons listed above cannot be reached in an emergency, I hereby give my permission for a chaperone or volunteer to contact a medical facility or physician to treat the participant. Furthermore, I will be responsible for any resulting expenses. Initial here: \_\_\_\_\_

**The persons below are authorized to pick up the participant at the end of an event:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**Guardian Permission/Release Agreement and Authorization:**

- I understand and have explained to the participant that he/she must follow all rules set forth by the chaperones and volunteers.
- I understand that this trip is an optional and voluntary activity.
- I understand that the participant will be responsible for conduct as instructed by adult supervision at all times.
- I understand that the participant is required to use the transportation provided by the Chapter unless prior arrangements have been made. I further understand that any prior arrangements must be conveyed in writing and agreed upon by the Chapter President or Chairperson.
- I understand that I am responsible for dropping off and picking up the participant unless I have made prior arrangements and must inform the event coordinator of the arrangements in writing.
- I will not hold North Carolina Agricultural and Technical State University (NC A&T SU) or North Carolina Agricultural and Technical State University Alumni Association – Greater Los Angeles Chapter (NC A&T SU AA – GLAC) liable in the event that the participant is injured during this activity.
- I understand that the NC A&T SU AA – GLAC will **not** provide the participant with health insurance.

*I have read and hereby certify that the information listed above is correct to the best of my knowledge. I further agree to the terms and conditions listed and grant the participant permission to participate in the activities for which this form is presented.*

*I, the parent or legal guardian of the above named participant, indemnify the NC A&T SU AA – GLAC, its volunteers/chaperones/coordinators, NC A&T State University, and all of its agents, district officers, and employees from any liability, lawsuit, cost, or claim of any type whatsoever (including attorney's fees) for any harm or injury to the participant.*

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number