



# American Cancer Society Relay For Life of LanChester Youth Participant Code of Conduct & Release Form

(To be completed for every K-12 student participating in Relay)

Team Name \_\_\_\_\_ Team Captain Name \_\_\_\_\_

Name of Youth \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (City, State, ZIP) \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M F

### Emergency Contact Information (Names, Relationships, Phone Numbers)

\*\*\*Please provide information for all 24 hours (i.e. day and evening numbers.)

### Chaperone Recruitment Responsibilities

It is the team's responsibility to be sure that all 24 hours of Relay For Life are covered by at least 2 chaperones. Chaperone forms and a completed chaperone schedule must be completed by Monday, May 19, 2008 or your participation in Relay will be in jeopardy and the Relay committee and staff partner will address each team individually. I understand and agree to this. \_\_\_\_\_(please initial)

### Behavior Expectations

The goal of Relay For Life is to provide a safe, fun and positive experience for all participants. As a youth participant, you play a valuable role in attaining this goal. Please read through this Code of Conduct and complete the information below. While participating, Relay participants shall:

- Respect the individual rights, safety, and property of others.
- Avoid displays of overly affectionate behavior. Not engage in conversations or activities that are sexual in nature.
- Not participate in obscene and/or discriminatory language, roughhousing, nor be insubordinate to the committee in charge of the event or Adult Chaperones.
- Not possess or use weapons, alcoholic beverages, tobacco and/or illegal drugs at any event activity, or meeting, or remain in the presence of individuals who possess or use these items.
- Abide by all rules of the Relay.
- Notify chaperone/ staff person if I have concerns or medical needs.
- Not leave the event site(s) without permission.
- Not behave in a manner that violates any of the laws of the United States or the State of Pennsylvania or any local ordinance during the sponsored events.

### Medical Release

In the event that the person listed as the Emergency Contact cannot be contacted, and an emergency has occurred, I give permission to the treating medical institution and/or medical providers to hospitalize and administer the appropriate treatment deemed medically necessary. Parent/Guardian please initial: \_\_\_\_\_I Agree or \_\_\_\_\_I Disagree (no response defaults to agreement.)

### Disciplinary Action

Penalties and or disciplinary action for infractions of this Code of Conduct may include any or all of the following:

- Sending youth home. If a parent/guardian cannot be reached, the ACS determines an alternative course of action.
- Barring that member from future American Cancer Society activities.
- Be responsible for the cost of damages and repairs in the event of damage/destruction of property.
- Releasing the member to the nearest law enforcement agency and/or the proper authorities.
- Parents will be notified of action taken.

By my signature below, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I am aware that if I violate the agreement, the Relay For Life Committee and staff partner may, in their sole discretion, terminate my participation, and my parent/guardian will be contacted and required to provide me with transportation home at my own expense.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_