

YESHIVA UNIVERSITY HIGH SCHOOL FOR BOYS (YUHSB)
INFORMATION & CONSENT FORM

Student's Name: _____ Date of Birth: ____/____/____
Home Address: _____ Home #: _____
Cell #: _____ Email: _____
Parents' Names: _____
Father's Work #: _____ Cell #: _____
Mother's Work #: _____ Cell #: _____
Father's Email: _____ Mother's Email: _____

HEALTH INFORMATION

Health Insurance Name: _____ Phone #: _____
Group No.: _____ ID No.: _____
Doctor's Name: _____ Phone #: _____
Dentist's Name: _____ Phone #: _____
Please note all medical problems and/or allergies: _____

In case of emergency please call:

Name: _____ Cell #: _____

CONSENT FORM

- I, _____, grant permission for my son, _____, to participate in all YUHSB trips, programs and activities during the coming school year.
- I recognize that there are inherent risks in such participation, including relating to travel/transportation, and I assume all risks associated with such participation and agree that YUHSB and its staff will not be liable for any damages to/loss of property or illness, injury or death resulting from my son's participation.
- In consideration of YUHSB making the trips, programs and activities available to my son, I, for myself and my son and our respective personal representatives, heirs, next of kin and assigns:
 - waive and release YUHSB and its staff against any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which may arise (accidentally, intentionally or otherwise) from my child's participation in the trips, programs and activities, including, but not limited to, claims resulting from disease, consumption of food, use of any vehicle, acts of terrorism, weather, sickness, bodily injury, personal injury, illness, death, monetary loss or property damage, or claims resulting from any first-aid treatment or other medical services rendered to my child in connection with any emergency or health problem during his participation;
 - agree to defend, indemnify and hold harmless YUHSB and its staff from and against any and all liability, claims, lawsuits, judgments, losses, damages, and expenses, including reasonable attorneys' fees, arising out of any financial obligations or liabilities that my child may personally incur, or any damage or injury to his person or property, or the person or property of YUHSB or others that he may cause; and
 - grant permission to YUHSB to take (and use, publish and reproduce in any medium and for any purpose) photographs, audio and/or videotapes or recordings, motion pictures or digital images my child, individually or with others.
- Though YUHSB is not required to order such treatment, I authorize YUHSB and its staff to order medical or surgical treatment deemed necessary for my child. I assume all risks associated with any such medical treatment, and further, I waive any and all claims which may be asserted for such medical treatment, and agree to defend, indemnify and hold harmless YUHSB and its staff from and against any and all liability, claims, lawsuits, judgments, losses, damages and expenses, including reasonable attorneys' fees, arising therefrom.
- I understand that my son must abide by all instructions of YUHSB's staff during all such trips, programs and activities, and adhere to YUHSB standards and ideals.

Signature of Parent/Guardian: _____ Date: _____

ACKNOWLEDGED AND AGREED:

Signature of Student: _____ Date: _____