



# SSA Junior Camp/Contest Consent Form



## PARENTAL CONSENT FORM: PARTICIPATION, SUPERVISION & TREATMENT OF A MINOR CHILD

**\*Note: This form is required for participation in the SSA's U.S. Juniors Camp Contest (2019) by any MINOR CHILD under the age of 18 who is accompanied by a Chaperone.**

I, \_\_\_\_\_, am the parent or legal guardian having custody  
Print Name of Parent or Guardian

of \_\_\_\_\_, a minor child. As such, I hereby authorize and appoint  
Print Name of Minor Child

\_\_\_\_\_, an adult, at least 21 years of age, in whose care the Minor Child has been entrusted

Print Name of Agent ("Chaperone")

as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child, concerning my minor child's supervision at the Soaring Society of America's **U.S. Juniors Camp Contest** (located at \_\_\_\_\_), feeding, personal care, medical treatment, hospitalization, and health care and to require, withhold, or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others. **IMPORTANT: If only one parent or guardian executes this Release on behalf of the minor child, then the undersigned parent or guardian of the minor child hereby covenants, warrants, represents and agrees that he or she is executing this Release on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Minor Child, and that by executing this Release, the undersigned is binding himself/herself, the Minor Child, and any other parent or guardian of the Minor Child, and all of their heirs, executors, personal representatives, assigns and estates to this Release.**

The undersigned Chaperone further agrees that for the duration of the U.S. Junior Camp Contest they will not leave the Minor Child unattended anywhere on the premises of \_\_\_\_\_, at the \_\_\_\_\_ Camping Area, or anywhere else, while the minor child participates in any of the activities of the U.S. Juniors Camp Contest, except that Chaperone may: (1) permit Minor Child to be a passenger in a glider being operated and flown in the U.S. Junior Camp Contest, who may as a passenger manipulate the controls of a glider under the direct supervision of a CFI-G or Commercial rated glider pilot who is the pilot-in-command of such aircraft; or (2) permit Minor Child who is at least 16 years of age and holds a Private Pilot Glider Certificate or higher rating to operate a glider solo as a pilot-in-command while participating in the U.S. Juniors Camp Contest. Likewise, the undersigned Parent or Guardian acknowledges they recognize the hazardous risks associated with flying in gliders and participating in the U.S. Juniors Camp Contest (sport of competitive sailplane racing), including but not limited to hazardous off-field landings and accidents that result in death or serious bodily injury to pilot or passenger, and still freely and knowingly authorize the Chaperone to permit the Minor Child to participate in the U.S. Juniors Camp Contest as prescribed above.

**Parent/Guardian Signature:** \_\_\_\_\_ **Emergency Contact Number:** \_\_\_\_\_

**2nd Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **2nd Parent Emergency Contact Number:** \_\_\_\_\_

## CHAPERONE'S ACKNOWLEDGEMENT OF RESPONSIBILITY TO SUPERVISE AND CARE FOR MINOR CHILD

As the appointed Chaperone, I, \_\_\_\_\_ accept the responsibility that has been assigned

Print Chaperone's Name

to me above by the Minor Child's parent/legal guardian to supervise and care for \_\_\_\_\_,

Print Name of Minor Child

a minor child.

**Chaperone Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Chaperone's Emergency Contact Cell Number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_