

## **Youth Hospitality Room and Events Permission Form**

The Youth Hospitality Room will be chaperoned during all scheduled open times. Activities are scheduled for youth ages 6-17. We are not responsible for children under the age of six. **Please print** information in dark ink.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Hospitality Suite Information**

\_\_\_ My child has permission to leave the room on their own.

\_\_\_ My child does not have permission to leave the room on their own.

List any limitations (such as watching movies, playing video games, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Is your child presently on medication? \_\_\_ No \_\_\_ Yes

Explain \_\_\_\_\_

Does your child have any drug/food sensitivities or allergies? \_\_\_ No \_\_\_ Yes

Explain \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ or \_\_\_\_\_

### **Youth Events Permission Section**

- Sunday (5:00 p.m. – 10:00 p.m.) Pool and Pizza Party at the Hotel
- Monday (9:30 a.m. – 4:30 p.m.) Capitol, Heritage Center, Lunch, & Raging Rivers Waterpark
- Wednesday (10:00 a.m. – 4:00 p.m.) Dakota Zoo, Lunch, and Amusement Park

### **Blanket Permission**

I, \_\_\_\_\_, give permission to HSFO staff to transport my child to attend the entire week of Youth Events listed above.

\_\_\_ I request that my child be chaperoned at all times at all events.

\_\_\_ My child has permission to be unchaperoned while inside the park grounds / facility.

Signature of Parent/Guardian \_\_\_\_\_

**Selected Youth Events Permission**

I, \_\_\_\_\_, give permission to HSFO staff to transport my child to the selected Youth Events.

\_\_\_ Capitol, Heritage Center, Lunch, and Raging Rivers Waterpark

\_\_\_ Dakota Zoo, Lunch, and Amusement Park

**Medical Release**

Please read the alternative statements below and check the appropriate statement for your child. Please check **ONLY** one.

\_\_\_ If my child needs medical attention, it is my wish that I am contacted before any medical procedure is done, unless immediate treatment is necessary to save my child's life or to prevent injury.

\_\_\_ If my child needs medical attention, it is my wish that treatment begin while efforts are being made to contact me so that treatment is not delayed. I consent to any medical procedure that a physician believes necessary, with the understanding that efforts will continue to be made to contact me.

Signature of Parent/Guardian \_\_\_\_\_