

Trip Registration Form and NYSYBC Stipend Request
NYSOA Annual Meeting, Niagara Falls, NY Nov010-12, 2017

Must be completed and submitted by October 27, 2017

Student's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Parent's Cell Phone _____ Student's Cell _____

How will student get to and return from this event? (check all that apply) Car Public Transport. Walk

Names & ages of other minors who will be with you: _____

If by car, who will be driving? _____ Relationship to student _____

At this event, minors under the age of 14 must be accompanied by a parent at all times. For minors 14 years of age or older, a parent or chaperone over 25 must be available at the event in case of emergency.

Will student's parent be attending the event? _____ If no and student is a minor, give the name of the adult who will chaperone & be responsible for this young birder at the event: _____

Chaperone Cell Phone: _____ Relationship to student _____

Chaperone address/city/st/zip _____

I hereby agree to act as chaperone for the above

named Student at this event. Chaperone's signature _____ Date signed _____

Parent or Legal Guardian: I hereby give permission for the young birder identified on the line for "Student's Name" above to participate in this event of the New York State Ornithological Association, Inc. (NYSOA) and/or NYSYBC (New York State Young Birders Club). I assume all risks and hazards incidental to the activities of the event and transportation to, from, and during the event. I further release, absolve, indemnify, and hold harmless the Chaperone named above, the New York State Young Birders Club, the New York State Ornithological Association, and all organizers, sponsors, leaders, and supervisors of the event. In case of illness or injury, I hereby waive all claims against the Chaperone named above, NYSOA, NYSYBC, and all organizers, sponsors, leaders, and supervisors. I likewise release, absolve, indemnify, and hold harmless any person transporting my child to, from, or during the scheduled activities.

If a NYSYBC stipend is awarded to my son/daughter, the check should be payable to: _____

Name of parent or legal guardian (please print): _____

Signature of parent or legal guardian

Relationship to student

Date

Address (if different from above)

Home/office phone (if different from above)

City, State, Zip (if different from above)

Consent to Use of Photographs (must be completed if any participant(s) will be under 18 on 11/10/17)

From time to time throughout the year, an occasion may arise where we would like to publish a photo of the young birder named above in the newspaper, NYSOA and/or NYSOA member club newsletter and/or website, NYSYBC newsletter and/or website, or a similar publication. By signing below you are giving us permission to publish such photographs.

Young Birder's Name _____

Signature of Parent or Guardian _____ Date _____

QUESTIONS? Email NYSYBC's Adult Coordinators at ybc@nybirds.org

PLEASE FAX to: (845) 724-3431 **or SCAN/PHOTOGRAPH & EMAIL to:**
ybc@nybirds.org
or mail completed form to: NYSOA-NYSYBC, PO Box 363, Poughquag, NY 12570