



FREE EVENT!
sysc_sacramento.eventbrite.com
 Visit our site to register and learn more about transportation options

Join us at Strong Youth Strong Communities for an interactive session with **PRO FOOTBALL HALL OF FAMERS** as they share their real-life experiences that led to success on and off the field. Then it's your turn! SYSC allows teens to share their view on how to build stronger communities by participating in breakout sessions with Aeneas and Darrell chatting about issues that are important to you today.



Envolve Health is proud to support California's communities to build stronger youth.



Health Net is committed to building healthy communities one person at a time.



Summit & Sacramento Kings Game
for all teens ages 13-18



Sacramento Convention Center
1400 J Street
(13th & K Street Entrance)
Sacramento, CA 95814



Thursday, November 9, 2017
4PM-10PM
(Transportation starts at 3 p.m. at designated locations)



DARRELL GREEN
2008 Inductee



AENEAS WILLIAMS
2014 Inductee

Convening Partners



Sponsored By:





Permission Form

Organization/School: **Hawk Institute**

Date: Thursday- November 9, 2017

Coordinator Name/Point of Contact: **Mr. Gabriel Simien**

Contact Number: **(916) 792-7380**

Contact Email: **gabriel@hawki5.org**

Trip Destination: **Sacramento Convention Center/Golden 1 Center**

Depart Date: **11/9/2017**

Time: **3:00pm**

Return Date: **11/9/17**

Time: **9:30pm**

Transportation:

I will need transportation provided by bus

I have my own transportation and will NOT ride on the bus

Please submit your signed permission slip to:

NO YOUTH MAY GO TO HEALTHNET STRONG YOUTH, STRONG COMMUNITY EVENT UNLESS THE PARENT/GUARDIAN HAS SIGNED THIS PERMISSION SLIP AND SUBMITTED WITH THE PARTICIPATING SCHOOL/ORGANIZATION

_____ has my permission to go to the **Healthnet Strong Youth, Strong Community event** at Sacramento Convention Center followed by a chaperoned walk to the Golden 1 Center to attend a Sacramento Kings game.
(First and Last Name)

I, _____ guardian of _____, understand that all information shared will be held in strict confidence by child, the other participants, and all participating organizations. The only exception to this information shared that indicates my child's life or someone else's is at risk.

EMERGENCY INFORMATION

In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of a participating organization to make such arrangements as he/she consider necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. **THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.**

Physician's Name: _____ Phone # _____

Healthcare Provider (Kaiser, etc.): _____ Medical Card # _____

List any important medical/allergy information including any limitation to or medical treatment currently rendered to your child.

My signature below authorizes my child to participate in the **Healthnet Strong Youth, Strong Community** at Sacramento Convention Center and participating in a walk to the Golden 1 Center. I also authorize permission for photos of my child taken while participating in the Strong Youth, Strong Community event to be used in promotional materials, which may include an institutional video, website, or brochures. :

Parent/Guardian Signature: _____ **Date:** _____

Please Print Parent/Guardian Name: _____

Home/Cell Phone Number: _____ Emergency Phone Number: _____

We recognize, however, that unanticipated situations and problems can arise on any trip, situations or problems are not reasonably within the control of the supervising staff (including volunteers). We further agree to release and hold harmless the Healthnet, its partnering agencies, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense, (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services, or any cause beyond the control of Healthnet.