

KENTUCKY YMCA YOUTH ASSOCIATION: HEALTH AND PUBLICITY RELEASE FORM

First Name: _____ Preferred Name: _____ Last Name: _____
Birth Date: _____ Sex: F M Expected High School Graduation Year: _____
School (2014-2015): _____ Advisor: _____

Student's Contact Information:

Email Address: _____ Phone Number: _____

Parent/Guardian Information:

Name: _____
Phone Number: _____ Email Address: _____
Name: _____
Phone Number: _____ Email Address: _____

Address: _____
City: _____ State: _____ Zip Code: _____

Parent/Guardian's Place of Employment: _____ Phone: _____
Parent/Guardian's Place of Employment: _____ Phone: _____

If a parent/guardian is not available in case of emergency, please contact:

Name: _____ Relation: _____ Best Phone Number: _____
Name: _____ Relation: _____ Best Phone Number: _____

Medical Information:

Name of Physician: _____ Office Phone: _____
Medical Concerns (Allergies, Illnesses, Injuries, Operations, etc.): _____

Dietary Restrictions (food allergies, gluten free, vegetarian/vegan, etc.): _____

Currently Prescribed Medication: _____

Do you carry medical/hospital insurance? Yes ___ No ___
Carrier: _____ Policy/Group # _____

PARENT'S AUTHORIZATION

I hereby give permission to the physician selected by the Kentucky YMCA Youth Association representative to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above on this form. I understand that my insurance will cover this expense, or I will assume responsibility for expenses resulting from illness and/or injury.

TRANSPORTATION

I hereby grant the Kentucky YMCA Youth Association permission to transport my child by bus for the duration of the Y-Corps Program and by alternative vehicle if needed for emergency or location-based requirements.

RELEASE

I hereby grant to the Kentucky YMCA Youth Association the right to photograph, record and use my likeness and voice in photographs, video tape and audio tape, to incorporate the same into recordings, programs, publicity photos and promotional materials for publication, broadcast, instruction or presentation, and to use in all media, including web site publication and internet images. I hereby release, discharge, and hold harmless Kentucky YMCA Youth Association and anyone using said pictures, video or audio tape recordings, and web site images from any and all claims, damages, liabilities, costs and expenses which I now have or may hereafter have by reason of any such use, hereby waiving any fee for the use of such materials. By providing your electronic contact information, you are agreeing to contact from/on behalf of the KY YMCA Youth Association for the purpose of distributing conference materials, conference updates, and conference feedback or follow up.

Delegate Signature: _____ Date: _____

Parent Signature: _____ Date: _____