I give permission for myself/my youth (circle one) to receive emergency medical care in case of sudden illness or injury if I cannot be immediately located or arrange for such care myself. I also authorize the billing of any medical care given, to the Health Insurance Policy listed below, or agree to pay for such care myself. All information listed below is correct, to the best of my knowledge.

_____
Signature of Participant (Regardless of Age)

_____
Signature of Parent (If Participant is Under 18)

Name of Health Insurance Company:_____
Policy or Group#_____

Participant's Full Name_____ Participant's Age_____

Parents Name (If Participant is Under 18)_____

Home Address_____

Home Phone_____ Work Phone (Mother)_____ Cell Phone (Mother) _____

Home Phone (Father)_____ Work Phone (Father) _____ Cell Phone (Father) _____

Emergency Contact Person (If Parent Cannot Be Reached)_____

Relation_____ Phone # _____

Participant's Physician_____ Phone_____

Date Of Participant's Last Tetanus Immunization_____

List All Medications You/Your Youth (circle one) Are Currently
Taking_____
Reason_____

List Any Medications You/Your Youth (circle one) May Be Allergic To
_____

List Any Medical Conditions You/Your Youth (circle one) Have (Such As Asthma, Allergic Reaction To Bees, Epilepsy, Back Problems, Etc.)_____
_____

Participant's Dentist_____ Phone_____

Participant's Orthodontist_____ Phone_____

Any Other Information You Can Give Us To Help You/Your Youth (circle one) Have A Pleasant Experience
_____

Does The Participant Know How to Swim: yes _____ no _____