

Holly Spring Friends Youth MEDICAL RELEASE FORM for 2021-2022

(Please print!)

Full Name _____

Date of Birth _____ Age _____ Home Phone # _____
(month/day/year)

Address _____ Cell # _____

_____ T-Shirt Size _____

EMERGENCY PHONE NUMBER WHERE FAMILY MAY BE REACHED:

Father's Name: _____
home # _____ work # _____ cell # _____

Email _____

Mother's Name: _____
home # _____ work # _____ cell # _____

Email _____

Other Contact: _____
home # _____ work # _____ cell # _____

Medical Information

*****PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD WITH THIS FORM*****

Medical Insurance Company _____ Phone # _____

Policy Holder _____ Policy Number _____

Place of Employment _____ Policy Holder Occupation _____

Doctor's Name _____ Dr. Phone # _____

Medication participant is using under doctor's orders: _____

Allergies, special diet, other health problems or special needs: _____

Childhood Diseases: ___Chickenpox ___Measles ___Mumps ___Whooping Cough ___Other

Date of Tetanus Immunization: ___/___/___

Permission for Medical Treatment, Photograph/Video Notice, and Release and Indemnity

I, the undersigned, do hereby give permission for my child to attend and participate in activities sponsored by Holly Spring Friends Meeting for the school calendar year of 2021-2022. My permission is granted for the trip/activity director, church official or representative, any camp or event staff, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child.

Also, I understand that as a participant, my child may be photographed or videotaped during normal trip or event activities and these photo/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Holly Spring Friends Meeting, trip/activity sponsors or leaders from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in this trip/activity. I agree to indemnify Holly Spring Friends Meeting, for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this trip/activity or while on property leased or owned by Holly Spring Friends Meeting.

Participant Signature _____ Date ____ / ____ / ____

Parent Signature _____ Date ____ / ____ / ____
(or legal guardian)

PARTICIPANT AGREEMENT

Both Student & Parent need to carefully read through the list of expectations below.

Sign and date the form as a pledge of your commitment to help insure a great experience for everyone.

While participating in a Holly Spring Friend Meeting (HSFM) activity, I agree...

1. NOT to use tobacco products, alcoholic beverages, non-prescription drugs or vaping.

I will notify a HSFM adults of any prescription drugs I will be using during the trip/activity.

2. NOT to have possession of or use any fireworks, firearms, knives, weapons, vapes or vape paraphernalia of any kind.

I understand that possession of drugs, alcohol, tobacco products, or any weapons, etc. WILL RESULT IN MY DISMISSAL FROM THE TRIP/ACTIVITY AT MY/MY FAMILY'S EXPENSE.

INITIALS: _____

3. NOT to have possession of any pornographic material of any kind.

4. NOT to engage in any public displays of affection.

(example: holding hands, kissing, arms around, sitting on laps, etc.)

5. NOT to use profane, suggestive, degrading, or any other type of inappropriate language.

6. TO participate in all activities to the best of my ability with a positive attitude.

7. TO stay in designated activity areas. I agree to stay with the group or with smaller groups of a designated number determined by the leader at all times. I understand that I cannot leave the activity premises or lodging location without the permission of the trip/activity leader. I agree to stay out of areas designated to be off limits. Note: Girls should not be in boys' rooms, and boys should not be in girls' rooms.

8. TO be on time for all check-in times as designated by the leader.

9. TO respect the privacy and property of others. I understand that others' possessions must not be tampered with or taken. I expect others to grant the same measure of respect to my privacy and possessions.

INITIALS: _____

Participant Signature _____ Date ____ / ____ / ____

Parent Signature _____ Date ____ / ____ / ____
(or legal guardian)