

Children/Youth Registration/Health Form
2018 New York Conference UCC Annual Meeting ·
The Crowne Plaza Hotel
701 East Genesee St, Syracuse NY 13210

Please complete this form and return it to the New York Conference Office, 5575 Thompson Road, DeWitt, NY 13214 **no later than Wednesday, May 15th, 2018**. Use the back of this form if you need additional space.

PARTICIPANT'S INFORMATION:

Name: _____ Birthdate: _____

Address: _____

Home Phone: _____

RESPONSIBLE ADULT AT ANNUAL MEETING:

Name: _____ Cell Phone: _____

Relationship to youth (parent, pastor, etc.): _____

People who may pick up the child: _____

EMERGENCY CONTACT (If possible, use someone attending this Annual Meeting.)

Name: _____ Cell Phone: _____

Relationship to youth (parent, pastor, etc.): _____

MEDICAL INFORMATION

Family Doctor: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Medical Insurance Company: _____ ID#: _____

Primary Policy Holder: _____

Does the participant have any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Special Diet/Food allergies | <input type="checkbox"/> Physical conditions that may limit activity |
| <input type="checkbox"/> Surgery/serious illness over the past year | <input type="checkbox"/> Social, emotional, or learning disabilities |

If yes, please explain here:

Allergies: _____

Date of last tetanus shot: _____

Medications being taken: _____

My child has permission to engage in all activities, except as noted: _____

I give permission for my above-mentioned child to participate in the Annual Meeting of the New York Conference UCC, June 7th ,8th and 9, 2018 to be held at The Crowne Plaza Hotel, 701 East Genesee St, Syracuse, NY. I hereby release the New York Conference UCC, its staff, and volunteers, as well as The Crowne Plaza Hotel, from liability for any injury or illness that my child may sustain during this event. In case of an emergency, I authorize an adult leader as agent for me, to consent to secure the services of a licensed physician/caregiver and proper treatment for any injury, if necessary. I expect to be contacted as soon as possible.

Name of parent/guardian (please print): _____ Date: _____

Signature of parent/guardian: _____