



YOUTH CONFERENCE
TROY UNIVERSITY 2007

Youth Registration.

Health Information and Parental Consent Form

Name _____ Male/Female _____ Age _____

T-shirt size (adult sizes): S _____ M _____ L _____ XL _____ 2X _____

3X _____

Address _____

Home Phone _____

Parent/Guardian _____ Work Phone _____

Unit _____ Stake _____

Bishop/Branch President _____

I have reviewed the Code of Conduct and Dress Standards and do agree to comply with both as outlined. I realize that failure to do so will result in my dismissal from the conference at my own expense.

Participant's Signature _____

Date _____

I give permission for my son/daughter to attend Youth Conference at Troy University on July 11, 2007 – July 14, 2007. I certify that he/she is in good health and able to participate in the program activities. I am listing below any special physical limitations, medical conditions and/or required medications that my child has. I authorize adult leaders supervising this activity to administer emergency medical treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this activity and travel to and from this activity. I agree to be responsible for any expenses incurred for such treatment.

Parent/Guardian Signature _____

Date _____

Health Insurance Carrier _____

Policy No. _____

Group No. (if applicable) _____

Name of Insured _____

Date of last Tetanus _____

Personal Physician _____

Phone Number _____

List any special needs including physical limitations, dietary restrictions, medical conditions (allergies, chronic/recurring illness, etc.), and/or medications for the participant on the back of this form.