2007 High School Youth Conferences

*This entire page must be **completed and legible** for each youth to attend the conference!* ***Please make sure a parent or legal guardian has signed this form on the designated signature line! Thank You!.***

REGISTRATION FORM – YOUTH PARTICIPANT

Registration Information:

Participant's Name _____ Birth Date_____

Name of Parent(s)/Legal Guardian(s) _____

Address _____Year of Graduation _____

City _____ State _____ Zip _____ Phone # (_____)_____

Gender: (circle one) F M **Group Leader's Name _____**

LIABILITY RELEASE FORM – YOUTH PARTICIPANT

Parent/Guardian Release

I, _____ (print name), give permission to my above named son/daughter to attend Franciscan University of Steubenville's High School Youth Conference to be held on _____ (dates). If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I give my permission to Franciscan University of Steubenville and its agents to share and disclose health and medical information for the treatment and care of my child and to disclose this information to Chaperones who are responsible for my child. I release Franciscan University of Steubenville and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all the rules and regulations stated by Franciscan University of Steubenville and the conference staff. I understand that Franciscan University of Steubenville will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the conference at my expense.

X_____

SIGNATURE OF PARENT OR LEGAL GUARDIAN **DATE**

Medical Information:

Family Physician _____ Phone # (_____)_____

Allergies: _____

Current Medications: _____

Medical History: _____

In the case of an emergency, please contact:

Name _____ Home (_____)_____

Address _____ Work (_____)_____

_____ Cell (_____)_____