

JUNIOR YOUTH GROUP REGISTRATION FORM

Student's Name: _____

Address: _____

Home Phone #: _____

Student's Age: _____ **Grade Level:** _____ **Birth date:** _____

Parent/Guardian: _____
Name day phone email address

Name day phone email address

Who is authorized to pick your child up from classes?

Only those individuals listed below will be allowed to pick your child up after class.

Medical Release Form

I, the undersigned parent or guardian of _____, a minor, do hereby authorize Northeast Regional Training Institute Board, or its designated representative, agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. As the parent/guardian of a minor under the age of 18, I understand that this authorization enables the Northeast Regional Training Institute Board to arrange medical care for my dependant minor in the event I am unavailable.

I understand that I am responsible for payment of any and all medical expenses incurred on behalf of my dependent minor. This authorization shall remain effective from May 25, 2012 to May 24, 2013, when my child is attending the weekly gathering of the Northeast Regional Training Institute.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name and Telephone: _____

Family Physician Name and Telephone: _____

Medical Insurance Company: _____

Policy Number: _____

Additional Emergency Contact (*in the event parent cannot be reached*): _____

Telephone: _____

| List Allergies, Handicaps, Limiting Health Conditions, Medications, Reactions to Medications |
|--|
| |
| |
| |
| |
| |