

KENTUCKY YMCA YOUTH ASSOCIATION
HEALTH/MEDICAL/PUBLICATION RELEASE FORM

School _____ Advisor _____
Name _____ Birth Date _____ Gender _____ Age _____
Address _____
City, State, Zip Code _____ Phone _____
Parent/Guardian (or Spouse) _____ Phone _____
Place of Employment _____ Phone _____

If not available in an emergency notify:

1. _____ Relationship _____ Phone _____ Cell _____
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Allergies, Diseases, Illnesses, Injuries, or Operations (list dates):

Currently prescribed medication _____

Name of Physician _____ Phone _____

Do you carry medical/hospital insurance? Yes _____ No _____

Carrier: _____ Policy/Group # _____

PARENT'S AUTHORIZATION

I hereby give permission to the physician selected by the Kentucky YMCA Youth Association representative to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above on this form. I understand that my insurance will cover this expense, or I will assume responsibility for medical expenses resulting from illness and/or injury.

RELEASE

I hereby grant to the Kentucky YMCA Youth Association the right to photograph, record and use my likeness and voice in photographs, video tape and audio tape, to incorporate the same into recordings, programs, publicity photos and promotional materials for publication, broadcast, instruction or presentation, and to use in all media, including web site publication and internet images. I hereby release, discharge, and hold harmless Kentucky YMCA Youth Association and anyone using said pictures, video or audio tape recordings, and web site images from any and all claims, damages, liabilities, costs and expenses which I now have or may hereafter have by reason of any such use, hereby waiving any fee for the use of such materials. By providing your electronic contact information, you are agreeing to contact from/on behalf of the KY YMCA Youth Association for the purpose of distributing conference materials, conference updates, and conference feedback or follow up.

TRANSPORTATION

I hereby grant the Kentucky YMCA Youth Association permission to transport my child by bus between Louisville or Lexington and Frankfort.

Delegate Signature _____ Date _____

Parent Signature _____ Date _____