

KENTUCKY YMCA YOUTH ASSOCIATION: HEALTH AND PUBLICITY RELEASE FORM

\*Please Note: This form is two pages.\*

Preferred Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Expected High School Graduation Year: \_\_\_\_\_  
School (2016-2017): \_\_\_\_\_ Advisor: \_\_\_\_\_

**Student's Contact Information:**

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I do not want to be contacted via email.

Parent/Guardian's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

**If a parent/guardian is not available in case of emergency, please contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

**Medical Information:**

Name of Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Medical Concerns (Allergies, Illnesses, Injuries, Operations, etc.): \_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions (food allergies, gluten free, vegetarian/vegan, etc.): \_\_\_\_\_

\_\_\_\_\_

Currently Prescribed Medication: \_\_\_\_\_

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.

TRANSPORTATION

I hereby grant the Kentucky YMCA Youth Association permission to transport my child by bus or other necessary vehicle for conference purposes and/or medical need.

RELEASE

I understand the Kentucky YMCA Youth Association can 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. I understand this can be used 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. Unless otherwise noted, by providing your electronic contact information, you are agreeing to contact from/on behalf of the Kentucky YMCA Youth Association for the purpose of distributing conference materials, promotional information, annual scholarship and development outreach, conference updates, and conference feedback or follow up.

Delegate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_