



DESERT OF _____ DESERT CONFERENCE/GALA DAY



PARTICIPATION AND MEDICAL AUTHORIZATION FORM

Please print or type. Note: This PDF form is fillable.

Date _____ Convention City _____
Temple/Court Name _____ Temple/Court City & State _____
Youth's Name _____ Date of Birth _____ ☐ Male ☐ Female
Youth Street Address _____ City _____ State _____ Zip _____
Parent(s)/ Guardian Name _____ Phone # _____
Address if different than youth _____
Physician Name _____ Phone # _____
Dentist Name _____ Phone # _____

MEDICAL HISTORY

- Has this youth ever had hospitalizations, injury, or serious medical illness? ☐ Yes ☐ No
- Is this youth now under the care of a physician or taking any medication? ☐ Yes ☐ No
- Has any physician ever recommended, or do you feel that there should be limits placed on participation in competitive sports? ☐ Yes ☐ No
- Does this youth have any known allergies to medication? ☐ Yes ☐ No
- Does this youth wear glasses or contact lenses? Give date of last exam, if Yes. _____ ☐ Yes ☐ No
- Has this youth ever blacked out or lost consciousness during physical activity? ☐ Yes ☐ No
- Has the child had a physical examination by a medical provider in the last six months. If yes, list date last seen? _____ ☐ Yes ☐ No

If Yes to any of the above, please specify:

8. Allergies/Special Health Considerations _____

PHOTO RELEASE

- ☐ I grant the Youth Club/Conference agents/staff or affiliates the right to take photographs of my child. I agree that the aforementioned may use such photographs of my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media, and website content.
- ☐ I do not grant the Youth Club/Conference agents/staff or affiliates the right to take photographs of my child.

I consent to the participation of the above-named youth in the activities and conferences of His/Her youth group, including practice sessions and travel to and from athletics and other activities. I also agree to emergency medical treatment as deemed necessary by the physicians designated by the proper authorities.

Youth Name

Parent/Guardian Signature

Date

MAIL TO: _____

