



A.E.A.O.N.M.S., INC.
IMPERIAL YOUTH DEPARTMENT

YOUTH PARTICIPATION FORM

Non-member Youth Club Member

Date Convention City Convention Year
Temple/Court Name & No. Temple/Court City & State
Youth's Name Date of Birth Male Female
Youth Street Address City State Zip
Parent(s)/ Guardian Name Phone # Alternate Phone:
Emergency Contact Name Phone #
Family Physician Phone # Dentist Name Phone #

MEDICAL HISTORY

- 1. Has this youth ever had hospitalizations, injury, or serious medical illness? (asthma, headaches, nosebleeds, etc.)?
2. Is this youth now under the care of a physician or taking any medication?
3. Has any physician ever recommended, or do you feel that there should be limits placed on participation in competitive sports?
4. Does this youth have any known allergies to medication?
5. Does this youth wear braces, glasses or contact lenses?
6. Has this youth ever blacked out or lost consciousness during physical activity?
7. Does the child have any type of disabilities or allergies?
8. Kidney, Lung Disease, Muscle Joint, Other?

If Yes to any of the above, please specify:

Note: Please remember to pack all your youth current medications and notify your Director/Directress.

PHOTO RELEASE

- I/We 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/We do not grant the Youth Club/Conference agents/staff or affiliates the right to take photographs of my child.

CONSENT

I/we 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 conferences, athletic events, and other program activities. I also agree to emergency medical treatment as deemed necessary by the physicians designated by the proper authorities. I will accept full responsibility for my child, both to and from, and while engaged in their activities.

Youth Name Parent/Guardian Signature Date

Note: Physical exams may be required for any strenuous activities that youth will be participating in. Check this box if you decide to forego a physical examination for your youth.

Note: If you have a current physical exam for your youth, it is acceptable. Attach to this form and submit.

MEDICAL HISTORY AND CONSENT MUST BE COMPLETED PRIOR TO THE PHYSICAL EXAMINATION.

--PHYSICAL EXAMINATION--

Youth Name Age: Height: Weight: BP: Pulse:
Urinalysis: Albumin: Sugar: Micro (If the test was abnormal):
Blood Count (for Females): HGB:
Abnormal physical findings:

Should there be any limitations placed on athletic participation? Yes No

Recommendations:

I certify that I have on this date examined this youth and the basis of the examination required by the organization and the youth's medical history as furnished to me. I have found no reason which would make it medically inadvisable for this youth to compete in supervised athletic activities. (NOTE EXCEPTIONS ABOVE.)

PHYSICIAN'S NAME AND ADDRESS (STAMP OR PRINT) PHYSICIAN'S SIGNATURE (M.D. OR DD.):

PHYSICIAN'S PHONE NO. Date

MAIL TO: HPIC Lorraine James
Imperial Youth Department
Po Box 6424, Tallahassee, FL 32314