

A.E.A.O.N.M.S., INC. IMPERIAL YOUTH DEPARTMENT PARTICIPATION & MEDICAL FORM

	sociate/Guest Youth	TOURT OIGH WICHING				
Date		Convention City				
Temp	le/Court Name		Temple/Court City & Stat	e		
Youth's Name			Date of Birth	Male	□ F	emale
Youth Street Address			City	State	Zip	
Parent(s)/ Guardian Name Phone #			Alternate Phone:			
Emergency Contact Name Phone #						
Famil	y Physician	Phone #	Dentist Name		Phone #	
			MEDICAL HISTORY			
1.	Has this youth ever had hos	spitalizations, injury, or serious	medical illness?		☐ Yes	☐ No
2. Is this youth now under the care of a physician or taking any medication?					☐ Yes	☐ No
3.	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 k	nown allergies to medication?			☐ Yes	☐ No
5. Does this youth wear glasses or contact lenses? Give date of last exam, if Yes.					☐ Yes	☐ No
6. Has this youth ever blacked out or lost consciousness during physical activity?			ring physical activity?		☐ Yes	☐ No
	If Yes to any of the above, I	olease specify:				
П.			PHOTO RELEASE	121 1 0 0		
such webs	photographs of my child for a te content.	any lawful purpose, including fo	e right to take photographs of mor example such purposes as pu	ublicity, illustration, ad		
□Id	o not grant the Youth Club/C	onference agents/staff or affilia	ates the right to take photograph	s 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 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.						
travel	to and from conferences, atl nysicians designated by the p	nletic events, and other progra proper authorities. I will accept	m activities. I also agree to eme full responsibility for my child, b	ergency medical treatr	nent as deemed newhile engaged in th	cessary by
travel the pl	to and from conferences, at hysicians designated by the p Youth Name	nletic events, and other progra proper authorities. I will accept Pa	m activities. I also agree to eme full responsibility for my child, b arent/Guardian Signature	ergency medical treatre both to and from, and	nent as deemed newhile engaged in the	ecessary by eir activities.
travel the pl	to and from conferences, at hysicians designated by the p Youth Name ote: If you feel that your	nletic events, and other progra proper authorities. I will accept Parchild is not competing in	m activities. I also agree to eme full responsibility for my child, b	ergency medical treatment to and from, and control of the control	nent as deemed newhile engaged in the Date	ecessary by eir activities.
travel the pl	to and from conferences, atheysicians designated by the properties of the solution of the solu	nletic events, and other progra proper authorities. I will accept Parchild is not competing in heck this box if you agree ysical exam for your youth, it	m activities. I also agree to eme full responsibility for my child, b arent/Guardian Signature an extraneous physical ac e to forego a physical exan t is acceptable. Attach to this	ergency medical treatment to and from, and continuous and from, and continuous approach to an analysis and submit.	nent as deemed newhile engaged in the Date examination is nouth.	ecessary by eir activities.
travel the pl	to and from conferences, atheysicians designated by the properties of the solution of the solu	Parchild is not competing in heck this box if you agree ysical exam for your youth, it STORY AND CONSENT MUS	m activities. I also agree to eme full responsibility for my child, be arent/Guardian Signature an extraneous physical are to forego a physical example is acceptable. Attach to this T BE COMPLETED PRIOR TO	ergency medical treatment to and from, and continuous and from, and continuous approach to an analysis and submit.	nent as deemed newhile engaged in the Date examination is nouth.	ecessary by eir activities.
travel the pl	Youth Name ote: If you feel that your E: If you have a current phy MEDICAL HI	Parchild is not competing in heck this box if you agree ysical exam for your youth, it STORY AND CONSENT MUS	m activities. I also agree to eme full responsibility for my child, be arent/Guardian Signature an extraneous physical age to forego a physical example is acceptable. Attach to this IT BE COMPLETED PRIOR TO INVSICAL EXAMINATION	ctivity, a physical onination for your y form and submit.	Date examination is nouth. AMINATION.	ecessary by leir activities. ot required.
travel the pl ***Not Youth	to and from conferences, athysicians designated by the provided by the provide	nletic events, and other progra proper authorities. I will accept Parchild is not competing in heck this box if you agree ysical exam for your youth, if STORY AND CONSENT MUS PH Age:	m activities. I also agree to eme full responsibility for my child, be arent/Guardian Signature an extraneous physical act to forego a physical examit is acceptable. Attach to this T BE COMPLETED PRIOR TO INSICAL EXAMINATION— Height: Weight	ergency medical treatment to and from, and continuous and from, and continuous and from pour y form and submit. O THE PHYSICAL EX	nent as deemed newhile engaged in the Date examination is nouth.	ecessary by leir activities. ot required.
***Not Youth Urina	Youth Name Youth Name ote: If you feel that your E: If you have a current phy MEDICAL HI Name lysis: Albumin	Parchild is not competing in heck this box if you agree sysical exam for your youth, it STORY AND CONSENT MUS PH Age:	m activities. I also agree to eme full responsibility for my child, be arent/Guardian Signature an extraneous physical act to forego a physical examit is acceptable. Attach to this T BE COMPLETED PRIOR TO INSICAL EXAMINATION— Height: Weight	ergency medical treatment to and from, and continuous and from, and continuous and from pour y form and submit. O THE PHYSICAL EX	Date examination is nouth. AMINATION.	ecessary by leir activities. ot required.
***Not Youth Urina Blood	Youth Name Youth Name Ote: If you feel that your E: If you have a current phy MEDICAL HI Name Lysis: Albumir Count (for Females):	Pactic events, and other program or oper authorities. I will accept to the child is not competing in the ck this box if you agree systeal exam for your youth, it story and consent must be a co	m activities. I also agree to eme full responsibility for my child, be arent/Guardian Signature an extraneous physical act to forego a physical examit is acceptable. Attach to this T BE COMPLETED PRIOR TO INSICAL EXAMINATION— Height: Weight	ctivity, a physical chination for your y form and submit. THE PHYSICAL EX. BP: as abnormal):	Date examination is nouth. AMINATION.	ecessary by leir activities. ot required.
***Not Youth Urina Blood Abno	to and from conferences, attrysicians designated by the provided by the provid	Pactic events, and other program or oper authorities. I will accept to the child is not competing in the ck this box if you agree systeal exam for your youth, it story and consent must be a co	m activities. I also agree to eme full responsibility for my child, be arent/Guardian Signature an extraneous physical are to forego a physical example tis acceptable. Attach to this acceptable. Attach to this T BE COMPLETED PRIOR TO INSICAL EXAMINATION Height: Weight Micro (If the test weight)	ctivity, a physical chination for your y form and submit. THE PHYSICAL EX. BP: as abnormal):	Date examination is nouth. AMINATION.	ecessary by leir activities. ot required.
***Not Youth Urina Blood Abno Shou	Youth Name Youth Name ote: If you feel that your Ce: If you have a current phy MEDICAL HI Name lysis: Albumir Count (for Females): rmal physical findings: d there be any limitations pla	nletic events, and other progra proper authorities. I will accept Parchild is not competing in heck this box if you agree ysical exam for your youth, it STORY AND CONSENT MUS PH Age: Sugar: HGB:	m activities. I also agree to eme full responsibility for my child, be arent/Guardian Signature an extraneous physical age to forego a physical example tis acceptable. Attach to this acceptable. Attach to this acceptable. Height: Weight Weight Micro (If the test w	ctivity, a physical chination for your y form and submit. THE PHYSICAL EX. BP: as abnormal):	Date examination is nouth. AMINATION. Pulse:	ot required.
***Not Youth Urina Blood Abno Shou Reco	to and from conferences, attrysicians designated by the provided by the provid	Parchild is not competing in heck this box if you agree sysical exam for your youth, it STORY AND CONSENT MUS PH Age:	m activities. I also agree to eme full responsibility for my child, be arent/Guardian Signature an extraneous physical age to forego a physical example tis acceptable. Attach to this acceptable. Attach to this acceptable. Height: Weight Weight Micro (If the test w	ergency medical treatment to and from, and continuous physical con	nent as deemed newhile engaged in the Date examination is nouth. AMINATION. Pulse:	ot required. No shed to me. I
***Not Youth Urina Blood Abno Shou Reco I certifinate for the plant of the plant o	to and from conferences, attrysicians designated by the provided by the provid	Parchild is not competing in heck this box if you agree sysical exam for your youth, it STORY AND CONSENT MUS Age: Sugar: HGB: aced on athletic participation?	m activities. I also agree to eme full responsibility for my child, be arent/Guardian Signature an extraneous physical are to forego a physical examit is acceptable. Attach to this T BE COMPLETED PRIOR TO EXICAL EXAMINATION— Height: Weight Micro (If the test we examination required by the organical examination required by the organ	ctivity, a physical chination for your y form and submit. THE PHYSICAL EX BP: as abnormal):	nent as deemed newhile engaged in the Date examination is nouth. AMINATION. Pulse:	ot required. No shed to me. I

MAIL TO: HPIC LORRAINE JAMES
IMPERIAL YOUTH DIRECTOR, AEAONMS, INC.
PO BOX 6424, TALLAHASSEE, FL 32314