



**TEMPLE/COURT NAME & NO.:** \_\_\_\_\_  
**LOCAL TEMPLE/COURT FORM**



**PARTICIPATION AND MEDICAL AUTHORIZATION FORM**



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

Date \_\_\_\_\_

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**

1. Has this youth ever had hospitalizations, 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. Has any physician ever recommended, or do you feel that there should be limits placed on participation in competitive sports?  Yes  No
4. Does this youth have any known 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?  Yes  No
7. 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

**RETURN TO YOUTH CLUB DIRECTOR:** \_\_\_\_\_