

Youth (under 18) Registration Form

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Gender |  |
|  |  |  |  |
| Church / Group |  | Leader |  |
|  |  |  |  |
| Street Address |  |
|  |  |
| City |  | State |  | ZIP |  |
|  |  |  |  |  |  |
| Phone Number ( |  | ) |  | Date of Birth |  | Current Age |  |
|  |  |  |  |  |  |  |  |
| Social Security Number |  |

Contact Information

|  |  |
| --- | --- |
| Parents’ / Guardians’ Full name(s) |  |
|  |  |
| Phone (day) |  | (evening) |  |
|  |  |  |  |
| In case parents / guardians cannot be reached, please call: (name) |  |
|  |  |
| at phone (day) |  | (evening) |  |

Medical Information

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Carrier |  | Policy Number |  |
|  |  |  |  |
| Ins. Carrier’s Phone Number |  | Primary Care Physician |  |
|  |  |  |  |
| Primary Care Physician’s Phone Number |  |  |
|  |  |  |
| Current medications |  |
|  |  |
| Date of last tetanus shot |  |  |
|  |  |  |
| Allergies (Drug, food, etc.) / Special Medical Needs |  |
|  |

Parental Consent/Release From Liability

I hereby consent to participation by my son/daughter, in the Urban Encounter program. I understand that my child will be under supervision of the adult(s) of the church/group listed above. I grant permission for non-prescriptive medication (e.g., Tylenol, throat lozenges, Pepto-Bismol, etc.) to be given to my child if deemed advisable by the supervising personnel. In case of emergency, I also grant permission for emergency medical and surgical treatment to be given to my child as deemed necessary by professional physicians. I hereby release YouthWorks-Detroit, its staff and members of the board of directors, from any liability for injury that my child may sustain during the Urban Encounter trip. I give permission to use any photographs taken of my son/daughter for promotional purposes only.

|  |  |  |  |
| --- | --- | --- | --- |
| *Parent/Guardian Signature* |  | Date |  |
| Parent/Guardian name printed |  |  |
| *Participating Child’s Signature* |  | Date |  |