

YOUTH CHALLENGE VOLUNTEER MEDICAL INFORMATION

(This information is for official and medical confidential use only and will not be released to unauthorized persons.)

First Name	M.I.	Last Name	Circle One	
			Male	Female
Home Address (street)		(city)	(state and zip code)	County
Home Phone <input type="checkbox"/>		Cell Phone <input type="checkbox"/>		Email
Please check the box by the phone # you would like to receive reminder calls.				
School (name and city)			Birth date (month/date/year)	

<p>Mother/Guardian</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Email _____</p> <p>Home Phone _____</p> <p>Cell Phone _____</p> <p>Employer _____</p> <p>Work Phone _____</p>	<p>Father/Guardian</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Email _____</p> <p>Home Phone _____</p> <p>Cell Phone _____</p> <p>Employer _____</p> <p>Work Phone _____</p>
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In case parents or guardians cannot be reached in an emergency...	
Emergency Contact #1 (name and relationship to volunteer)	Phone Number(s)
Emergency Contact #2 (name and relationship to volunteer)	Phone Number(s)

Are there any medications or treatments that will be required while you are volunteering?

Please list any allergies (including seasonal, insect bites/stings) that you have:

Please list any physical conditions that you have (back pain, heart condition, physical disability, visual impairment, etc). Attach a separate piece of paper for details if necessary:

OVER PLEASE

Preferred Physician	Phone Number ()
Preferred Dentist	Phone Number ()
Preferred Hospital	Phone Number ()
Insurance Company	Policy Number

MEDICAL VERIFICATION/EMERGENCY INSTRUCTIONS

I certify that the information included herein is complete and accurate to the best of my knowledge:

If over 18, sign below: If under 18, parent/guardian signs below:

Date:

IN CASE OF EMERGENCY, take the following action (select only *ONE* of the following boxes):

I hereby grant my consent to transfer me or my child to: _____
PREFERRED HOSPITAL
 or the nearest clinic, and call me, or, the emergency contacts listed on the front of this medical release form.
 Follow the instructions of the attending physician.

If over 18, sign below: If under 18, parent/guardian signs below:

Date:

I DO NOT give my consent for emergency medical treatment of me or my child. In the event of illness or injury requiring emergency treatment, TAKE NO ACTION and call me or the emergency contacts listed on the front of this medical release form. Or follow this procedure:

If over 18 sign below: If under 18, parent/guardian signs below:

Date:

For Staff use only:

After double checking that this sheet is complete and accurate, please mail (or fax) to the address below:

Youth Challenge
800 Sharon Drive
Westlake OH 44145
Phone: (440) 892-1001
Fax: (440) 892-1004

YOUTH CHALLENGE

RELEASE OF LIABILITY

The undersigned understands, recognizes, and assumes the inherent risks associated with Youth Challenge's athletic and recreation programs, including the risks associated with transporting participants and volunteers to programs and related activities. In consideration for being permitted to participate as either a participant or volunteer in the recreational programming of Youth Challenge, the undersigned releases, waives, discharges and covenants not to sue Youth Challenge, its trustees, employees, agents, other volunteers, other participants, and if applicable, sponsoring agencies, advertisers, and owners or lessors of premises that host recreational programs for Youth Challenge from any and all liability arising out of any injury resulting from my child's participation.

In the even there is a need for emergency medical treatment for the minor participant or volunteer and the undersigned cannot be reached, the undersigned consents to and assumes the financial responsibility for such emergency treatment.

Lastly, the undersigned grants permission to Youth Challenge and any donor, sponsor, or other entity or person for the taking of pictures and videos and the release of general information about the minor participant or volunteers for use in media outlets or publications whatsoever, without there being any liability on the part of Youth Challenge, its employees, trustees, or agents.

I/We have read the above waiver and release, understand that I/we give up substantial rights by signing it and sign voluntarily.

parent or legal guardian signature and relationship date

parent or legal guardian signature and relationship date

(print) name(s) of parent(s) or legal guardian(s)

(print) name of participant

(print) street address of participant

(print) city state zip