



# YOUTH ANNUAL CONFERENCE HEALTH/PERMISSION FORM

This form **MUST** be filled out by every youth and adult attending YAC.

**AND** All persons UNDER 21, who are on their parent's/guardian's insurance plan, **must have a parent/guardian signature on this form.**

Please complete this form and mail directly to:

YAC Registrar Shawndelle Griffin  
East Ohio Conference Area Center  
8800 Cleveland Ave NW  
North Canton, OH 44720

**\*\*DO NOT MAIL REGISTRATIONS OR PAYMENTS TO THIS ADDRESS**

Name: \_\_\_\_\_ Local Church: \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Church Group Leader: \_\_\_\_\_ Group Leader Phone: \_\_\_\_\_

### Name and Phone Numbers to Call in Case of an Emergency:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list\*: \_\_\_\_\_

Do you have any special condition(s) we should be aware of (Epilepsy, Diabetes, etc.)? \* \_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_ Yes \_\_\_\_\_ No (If YES please list) \*

Date of last tetanus shot \_\_\_\_\_

**PARENT'S AUTHORIZATION:** This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed YAC 2009 activities except as noted by me.

I, the undersigned parent or guardian, do hereby grant permission for my child, \_\_\_\_\_  
(Child's name)

to attend Youth Annual Conference June 12-14, 2009 at Lakeside, Ohio. In order that my child may receive the necessary medical treatment in case of an injury or illness, I hereby authorize event staff to obtain and consent to medical treatment for my child for such injury or illness during the event, and I hereby hold harmless in the exercise of this authority the event staff, the United Methodist Church of the East Ohio Conference and their representatives, and The Lakeside Association and their representatives.

I further understand that while at **YAC 2009 the local church, listed above, is responsible for the care of the child whose name appears on this form throughout the entire weekend of June 12-14, 2009. The church youth leader accompanying this group (listed above) has informed me of the accommodations and sleeping arrangements for our youth group, and I have also been directed as to how to contact my child in the case of an emergency at home.**

Parent/Guardian **Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian **Printed Name:** \_\_\_\_\_

\*Please attach additional sheets if necessary

\*\*If you are registering after June 1<sup>st</sup>, 2009, please bring a copy of this health form to YAC as we may not receive the original via mail in time.