

Clara Barton District Youth Adult Committee  
**Registration Form (side 1)**  
**Consent and Medical Authorization Form (side 2)**

Event: \_\_\_\_\_ Date of event: \_\_\_\_\_

I give consent to \_\_\_\_\_, to participate in the above mentioned event sponsored by the Clara Barton District Youth Adult Committee (YAC).

I also agree to hold harmless and blameless the Clara Barton District of the UUA, its employees, the host congregation, and the adult advisors at this event from any and all liability from damages, loss, or injuries, either to person or property, which my child may sustain while engaged in any scheduled part of the Youth Programs including, but not limited to transportation.

Should any injury occur, I hereby give my permission for my child to receive treatment from a physician to be selected by the adult leader or district staff when the need for such treatment is deemed immediate and when efforts to contact me (us) are unsuccessful. I agree to pay for all medical, hospital or other expenses that my child may incur as a result of such treatment.

Parent/Guardian signature \_\_\_\_\_ date \_\_\_\_\_

Health Insurance Company name and Participant's ID#: -  
\_\_\_\_\_

List any special medical conditions (including allergies and medication needs) that that may influence your child's participation in this event. \_\_\_\_\_  
\_\_\_\_\_

**Emergency Information:**

Parent/Guardian name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Alternate name and phone # if parent/guardian cannot be reached

Name \_\_\_\_\_ Phone \_\_\_\_\_

This is **Side 2**. Please complete **Side 1**, also. Thank you.



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Please PRINT

NAME \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP/POSTAL CODE: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ AGE: \_\_\_\_\_

NAME OF Your UU Congregation \_\_\_\_\_  
CITY & STATE \_\_\_\_\_

Are you a youth or an advisor? (circle)    YOUTH                      ADVISOR

Dietary preference: (circle)    MEAT-EATER            VEGETARIAN            VEGAN  
Other (please explain): \_\_\_\_\_

**For overnights, remember to bring sleeping bag and pillow, toothbrush.**

When: (fill this in)

Where: (fill this in)

For Youth:

NAME & PHONE # OF ADULT ADVISOR(S) ACCOMPANYING YOUTH:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_

My Religious Educator is \_\_\_\_\_ and can be reached at \_\_\_\_\_  
Or my Minister is \_\_\_\_\_ and can be reached at \_\_\_\_\_

For all:

I agree to all the rules of this event.

Signature \_\_\_\_\_

The CODE OF ETHICS & BEHAVIOR GUIDELINES form must also be signed.

This is **Side 1**. Please complete **Side 2**, also. Thank you. 