

Individual Registration/Medical Release Form

Each team member will need to complete a copy of this form. Please copy medical release form for each person (adult and youth) attending. Attach copy of family's health insurance card for emergency reference. Each participant must bring this completed form with him or her.

SIFAT does not insure visitors/participants and is not responsible for any bodily injury that may occur during time spent on SIFAT property.

Participant's name _____ Male / Female (*circle one*) Age: _____

Parent or legal guardian _____

Address _____

Phone number: day _____ night _____

Emergency contacts

Name _____

Relation to participant _____

Phone number: day _____ night _____

Name _____

Relation to participant _____

Phone number: day _____ night _____

Physician _____

Phone number _____

Insurance agency and address _____

Policy Holder's DOB and SSN _____

Known allergies _____

Medication _____

Special needs _____

I, _____ (parent/legal guardian), hereby acknowledge that SIFAT is not responsible for any injury my child may incur during his/her time spent at SIFAT. I further release from any liability SIFAT and its Staff and/or Leadership in the event of any accident. I also give my child permission to take part in creek and lake activities, which are a part of the Learn and Serve program. I authorize _____ (group leader) to seek appropriate medical attention if needed.

(Signature of parent/legal guardian)

(Date)