



**UYC Registration & Medical Release  
Form & Waiver**

Thank you for allowing your teen to participate in the Utica Youth Conference. In order to provide the safest environment for your teen, we need this form filled out completely. **Please return this form to Utica Youth Conference, PO Box 532, Utica Ohio 43080.** If you have questions, call 937-626-5494

TEEN'S INFORMATION			
First Name	Middle Initial	Last Name	
Birth date (mm/dd/yyyy) / /	Age	Grade	Home/Cell Phone
Mailing Address (include PO Box)		Email Address	
City & Zip Code	Mothers Name	Fathers Name	Guardians Name
Authorized people to pick up my teen:			
Is there any custodial information that we should be aware of? If so please list below:			
Do you have a church home?			

MEDICAL HISTORY		
Are there any allergies that we need to be aware of?		
Are there any special considerations that we need to be aware of?		
Is your teen taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them and reason for medication:		
Is there anything else that we should be aware of about your teen?		
Family Doctor	Office Phone Number	Hospital Preference <input type="checkbox"/> LMH <input type="checkbox"/> KCH <input type="checkbox"/> Other _____



# UYC Registration & Medical Release Form & Waiver

## EMERGENCY CONTACT INFORMATION

Every effort will be made to contact the parents or guardian of the teen before treatment is given

First/Last Name	Phone Number	Relation to Teen
First/Last Name	Phone Number	Relation to Teen
First/Last Name	Phone Number	Relation to Teen

## PHOTO RELEASE (REQUIRED)

I hereby grant permission for Utica Youth Conference to record pictures or videos of my teen while attending the UYC event. I also give permission to Utica Youth Conference to use these images or videos in print and online publications including websites and social networks knowing that their identity is kept anonymous.

Please initial your wish for the use of your teen's photos:

\_\_\_\_\_ Permission granted for all purposes;

\_\_\_\_\_ Permission granted only for in-house use (slideshows & various church presentations);

\_\_\_\_\_ Please DO NOT use my teen's photo for any purpose.

## CONSENT TO TREAT AND RELEASE OF LIABILITY

As the parent(s) or guardian(s) of the teen listed on this form, I (we) release Utica Youth Conference and its authorized representatives and staff from liability of any kind and character upon any claim, demand, or cause of action which might be asserted in behalf of said minor against said church, representatives, or staff. Furthermore, in the event of an accident or injury, if the youth leaders responsible for my teen or their representatives are unable to contact the parent(s) or guardian(s), we hereby grant permission to the youth leaders responsible for my teen or their representatives to administer necessary first aid, and/or to take my teen to the nearest medical facility for additional treatment by a physician/medical specialist. In addition, I will notify Utica Youth Conference in writing of any changes in medications, allergies or medical conditions that occur for my teen while my teen participates in the Utica Youth Conference, Utica Ohio.

Signature: \_\_\_\_\_

Parent(s)/Guardian(s)

Date: \_\_\_\_\_

