

# SPJST Youth Club Release

## Participant Information

Name \_\_\_\_\_ Lodge and Town \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

Participant's medical problems: \_\_\_\_\_

Medications participant is currently taking: \_\_\_\_\_

Participant's allergies: \_\_\_\_\_

Medical facility \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## Permission, Travel and Release

My son/daughter \_\_\_\_\_ (name) has my permission to participate in \_\_\_\_\_ (event name and location), on \_\_\_\_\_ (date). In case of emergency, my son/daughter \_\_\_\_\_ (name) may receive whatever medical treatment that may be necessary.

I hereby release the SPJST and its staff, members, officers, directors, employees, agents, successors, and/or assigns of any and all liability for any accident, injury, illness or other occurrences suffered or contracted during the above mentioned event.

Signed, this \_\_\_\_\_ day of \_\_\_\_\_, year 20\_\_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

Phone: (\_\_\_\_) \_\_\_\_\_ home  
(\_\_\_\_) \_\_\_\_\_ mobile  
(\_\_\_\_) \_\_\_\_\_ work

## Emergency Contact

In case of emergency, please contact me at (\_\_\_\_) \_\_\_\_\_.  
If I cannot be contacted, please contact the following (please state name, relationship, phone)

1) \_\_\_\_\_

2) \_\_\_\_\_

Please note any special instructions: \_\_\_\_\_

## SPJST Rules of Conduct (available at activity)

We have received and read the SPJST Rules of Conduct. We understand the rules, and we agree to abide.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent/Legal Guardian's Signature

If non-SPJST member, \_\_\_\_\_ invited me to this event.