

YOUTH PARTICIPATION AND EMERGENCY MEDICAL FORM

Event/activity _____

Youth's name _____ Birth date _____

Address _____ City/St/Zip _____

Home Phone # _____ Email _____

EMERGENCY INFORMATION

Parent/Guardian Name _____

Parent/Guardian Emergency phone # _____

Parent/Guardian Emergency phone # _____

Allergies and/or Medical Conditions _____

Consent and agreement by Parent/Guardian

I am the parent or legal guardian of the Youth named above who desires and/or has applied to participate in the above named event/activity.

In the event of any medical emergency involving the Youth I hereby request the Supervisor(s) to call me immediately. It being my desire that the Youth be provided with such emergency medical services or treatment as soon as reasonably possible after a need arises.

I consent to the Youth participating in the event/activity. I hereby authorize the Supervisor(s) to supervise the conduct and activities of the Youth as a participant in the event/activity, including (but not limited to) any associated travel. I understand and agree that the failure of the Youth to accept and comply with such supervision, and/or failure of such Supervisor(s) to provide effective supervision of the Youth, may be grounds for the denial or immediate termination of the Youth's participation in the event/activity.

I also agree to the use of his/her likeness in any group photographs, videos, recordings developed on behalf of the Barbershop Harmony Society for use in any publicity developed by the BHS.

Signature _____ Date _____

(Printed Name) _____

(Youth should bring this completed form the day of the event/activity)

(Revised 8/2022)