

**ADULT LEADER**  
**EMERGENCY INFORMATION FORM**  
*(All adult leaders must be 21 years or older)*

Last name:  
please print

\*Make copies of this form for EACH participant. Once completed, please make two copies of this information (Send original with registration materials; keep one with the Family Group Leader; and keep one with the participant)

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (MM/DD/YEAR)

Each participant will receive a Gathering t-shirt. Shirts are available in youth and adult sizes.  
Please **circle** your shirt size: **YS | YM | YL | AS | AM | AL | AXL | A2XL | A3XL**

**HEALTH INFORMATION: To be completed by ALL Participants**

Please explain special diet and health arrangement needs (including allergies, heart conditions, medical needs, etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Have you had any serious illness or surgery within the past ten years?

Please list: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Do you have any condition that would prevent you from participating in any activities?

Please list: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Are you diabetic?

Date of last Tetanus shot: \_\_\_\_\_

Please list **ANYTHING** else the leaders should know to help avoid or deal with any situation that might arise:

**INSURANCE INFORMATION: MUST BE INCLUDED**

Health Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_

Name of another person to contact: \_\_\_\_\_ Friend/Relative

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Family Dentist's Name: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Do any pre-certification, notification, or other requirements exist with respect to the health insurance participant? \_\_\_\_\_ If so, specify: \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE / PERMISSION TO ATTEND**

***For participants over 21 years old:***

I certify that I am at least 21 years old.

I hereby agree to serve as an adult leader and to participate fully in the Nebraska District Middle School Youth Gathering. I will supervise and care for all members of my Family Group throughout the Gathering experience.

Optional: I grant the Nebraska District permission to use still or video images of my person and my comments for  
yes publicity and news release purposes. I understand I will not be given any creative control over the finished use of the  
 image. I understand I will not be compensated for this participation.  
no

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Adult Leader signature)