

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.