



Unity Southeast Ministry

Registration /Medical & Liability Release

Payment:

This release is for all church and regional group events and is valid for one year after date of signature. Original to church file. Copy when traveling. Copy submitted with every event registration form.

Program: **Wayshowers Conference** Participant (Circle one) – Minister – YE Director – Leader/Sponsor - Teacher

(Circle one) First Conference: Yes / No Wayshowers Conference - North/South

Diet: Vegetarian Vegan Gluten Free Lactose Intolerant Church or Chapter: _____

Room – Single _____ Double _____ Name of Roommate: _____

Participant Name: _____ Sex: M F Birthdate: _____

Parent/Guardian (if under 18) _____ Relationship: _____

Address: _____ City, State: _____ Zip: _____

Adult Phone: _____ Adult Email Address: _____

Other Emergency Contact: _____ Phone: _____

MEDICAL HISTORY

YES NO The above-named participant is in good health and is able to participate in all event activities.

If NO, specify limits of participation: _____

YES NO Allergies to food or medicine (If YES, specify): _____

Participant is currently under a doctor's supervision for: EPILEPSY DIABETES ASTHMA ADD/ADHD

Other behavioral/ medical condition or special-care needs: _____

Current Medications: _____

Please check which over-the-counter medications you do NOT want dispensed :

ASPIRIN ACETAMINOPHEN (eg: Tylenol) NASAL DECONGESTANT (eg: Sudafed)

PEPTO BISMOL IBUPROFEN (eg: Advil, Motrin) COUGH SUPPRESSANT (eg: cough drops)

SPECIAL REQUESTS: _____

Participant Name/Social Security #: _____

INSURANCE INFO & TREATMENT AUTHORIZATION

Family Physician: _____ Phone: _____

Medical Insurance Carrier: _____ Policy #: _____

Phone to Submit Claim: _____ Policy Holder Name: _____

A hospital WILL require the participant's Social Security number, or the Guardian's if the participant is a minor, before treating or admitting the participant. You should make sure the participant or adult leader has that information, or you can provide it above.

PARENTAL CONSENT & LIABILITY RELEASE

Transportation: I understand I will be notified of any special activities and trips away from church, including location, form of travel, and cost. Should my teen choose to attend such activities, I agree to send him/her with the appropriate clothes, personal items, and money needed. Unless I have made special arrangements with an adult leader, transportation to/from group activities, or to a common drop point for group travel, is my responsibility. If my child is sent home for behavior or medical reasons, I agree it will be at my expense.

Photography: I hereby grant the church, SE Region, and its representatives permission to use, without compensation or restriction, photographs and videotaped images (from local, regional, and international Unity events) in which the participant appears, in any manner whatsoever, such as but not limited to: publication, display, advertising, slide shows, etc.

Confidentiality: I understand that health information on this form will be secured and will only be shared, as needed, with adult leaders, church staff, and medical professionals to safeguard and support the participant. This information will not be publicly disseminated or released to any outside organization.

Liability: As the above-named participant , I hereby attest that I have read this complete document; all information is complete and true; I have legal standing to make decisions which affect the rights of the above-named participant; and I understand and consent to all terms outlined on both pages of this document. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to Youth Ministry activities and travel, understanding that some activities may pose a risk of injury. I will not hold liable the church, SE Unity Ministries, Inc., their employees, agents, or adult leaders for any injury, illness, or property damage involving the above-named participant. Whenever deemed necessary by group leaders, I authorize the calling of a doctor and/or the providing of other medical services and, unless covered by insurance, agree to pay for the said services. If the above-named participant is incapacitated or under 18, I do hereby authorize an adult leader as agent for the undersigned, to consent with respect to such participant to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, or hospital care which is deemed advisable by a state-licensed physician or surgeon.

Print Name: _____ Date _____

Signature : _____ Date: _____

Family Ministry & Uniteen Consultant:

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