

CONCORD QUARTERLY MEETING AND WESTERN QUARTERLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS

REGISTRATION, RELEASE AND MEDICAL PERMISSION FORM Valid Through August 31, 2018

PLEASE RETURN TO: Lynne H. Piersol, Concord Quarterly Meeting Coordinator, 139 Summit Terrace, Bryn Mawr, Pennsylvania, PA 19010 or Sarah Kastriner, Western Quarterly Meeting Coordinator, PO Box 693, Kennett Square, PA 19348

PLEASE PRINT CLEARLY

Participant Name _____ Grade _____ Date of Birth ____ / ____ / ____
Home Address _____ City _____ State _____ ZIP _____
Phone (____) _____ Sex _____ Meeting _____ Are you a vegetarian? _____
Boarding School? _____ City _____ State _____ ZIP _____
Phone (____) _____ Participant's E-mail address _____

PARENT/ GUARDIAN /EMERGENCY CONTACT: Please indicate relationship of contact to person named above.

Primary Contact _____ Relationship to Participant: _____

Address _____ Phone (____) _____

City _____ State _____ ZIP Code _____ Cell Phone (____) _____

Primary Contact Email address _____

Secondary Contact _____ Relationship to Participant: _____

Address _____ Phone (____) _____

City _____ State _____ ZIP Code _____ Cell Phone (____) _____

Secondary Contact Email address _____

MEDICAL & INSURANCE INFORMATION:

Allergies (including food) _____

Medications being taken _____

Date of last tetanus shot _____

Family doctor _____ Phone (____) _____

Medical insurance company _____

Policy # _____ Group # _____ Is this an HMO? _____

Member's name _____

Member's Name _____ Prescription plan and # (if applicable) _____

ADDITIONAL INFORMATION

To improve your child's group experience in Quaker community, please tell us about any unique needs that they may have, including medical, dietary, physical, behavioral or emotional needs. You can write about it here (and on the back).

I give permission and consent for my above named child (or self if age 18 or older) to participate in the tubing event sponsored by Concord Quarterly Meeting of the Religious Society of Friends ("CQM") and Western Quarterly Meeting of the Religious Society of Friends ("WQM") be held at the premises of Mary Etta Clendenin on June 18, 2017 that involves tubing on the west branch of the Brandywine Creek. I am fully aware of and appreciate the risks, including the risk of catastrophic and permanent injury that possibly may attend such activities. I hereby release CQM, WQM, and Philadelphia Yearly Meeting of the Religious Society of Friends ("PYM"), and their respective staffs, volunteers, officers, directors, and members from any and all liability for any illness, accident or injury that my child (or I if age 18 or older) may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader, as agent for me, to consent to any X-ray examination or other diagnostic scan, medical, dental or surgical diagnosis; and/or treatment, including hospital care, advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital; and consultation with a mental health professional. I will assume financial responsibility for treatment rendered during this time. If treatment is rendered to my child, I expect to be contacted as soon as possible. I will not hold CQM or WQM or PYM responsible for the payment of any bills incurred because of illness, accidents or injuries to my child (or myself if age 18 or older). I agree to indemnify and hold CQM, WQM and PYM and their respective staffs and volunteers harmless from and against any and all losses or expenses occasioned by the treatment of my child or myself. I represent that I am authorized to execute this waiver/release on behalf of all the child's parents and/or guardians.

____ (Please initial) I understand and agree that photos and videos of the participant may be used by CQM or WQM or PYM, in their respective websites and/or publications now and at any time in the future.

Signature of Parent or Legal Guardian _____ Date: ____ / ____ / ____

Relationship to above named minor (write SELF if age 18 or older): _____

Please mail the signed form back to one of the addresses set forth above in time for its receipt prior to June 18, 2017, or bring it with you to the event. Neither you nor your child may participate in the event without this completed and executed form having been delivered to one of the Coordinators named above.