

Junior Yearly Meeting Registration Form

Parents of all Junior Yearly Meeting participants: Please submit a separate copy of this form for EACH child. Please complete all of this form and bring it to the SAYMA JYM.

Child's Name (please print) _____ Age _____ Grade in Fall _____

Parent Information

This section must be completed by parents for all participants. If a parent is NOT attending Yearly Meeting, please also complete sponsorship section below, including signature of sponsor. PLEASE PRINT

Parents' names _____ Monthly Meeting _____

Parent's address _____ City _____ State _____ Zip _____

Parent's daytime phone (inc. area code). Evening Phone (area code), email or fax _____

Health and Insurance Information

Health Insurance: Company name and policy # _____

Doctor's name and phone number _____

Does your child have allergies? If yes, specify _____

Date of last tetanus immunization _____

Are there any medical concerns (diet, limitations, etc) _____

Are there any emotional issues/life events? Tell us anything to assist us in making your child's time with us a great one. (This will be kept confidential. You may attach a note if you prefer.)

Alternate emergency contact (must be someone not at Yearly Meeting)

Name _____ Phone Number _____ Relation to Child _____

Permission and Medical Release

I give permission for my child named above to participate in the 2006 SAYMA Yearly Meeting and to participate in all planned program activities both on and off campus. I understand that my child will be expected to abide by all rules and guidelines. I hereby release SAYMA, its staff and volunteers, from liability for any injury or illness that my child may experience during the Yearly Meeting. In the event of an emergency, I authorize YM organizers, or the sponsor named below, to consent to any medical, surgical or psychiatric care advised by licensed health care providers. I hereby release SAYMA from any liability, legal or financial for emergency care provided to my child. I expect to be informed as soon as possible.

Parent/Guardian's Signature _____ Date _____

Sponsorship: I agree to sponsor _____

Child's name (print)

at the 2006 SAYMA Yearly Meeting. I understand that in the event of an emergency, or if requested by SAYMA, I may be required to act in the role of a parent.

Sponsor's Name (print)

Signature

Date

Permission to Swim

My child, _____, has permission to swim in the Warren Wilson pool during the Children's program. I understand that there will be a life guard on duty and additional adult supervision. I understand that non-swimmers may not use the pool unless accompanied by an adult, and that if there are not enough adults available, I will be called upon to accompany my non-swimming child.

Parent or Sponsor's signature _____

Circle a number on this line that best represents your child's ability to swim.

0 1 2 3 4 5 6 7 8 9 10
non-swimmer stay in shallow water can go in deep end strong swimmer