

MEDICAL RELEASE FORM

2023 Florida Fall YP Conference

Child 1: _____ Birth date: ___ / ___ / ___ Grade in Fall '22: _____

Child 2: _____ Birth date: ___ / ___ / ___ Grade in Fall '22: _____

Child 3: _____ Birth date: ___ / ___ / ___ Grade in Fall '22: _____

I, _____, parent or guardian of the above named child(ren), authorize the bearer of this document to obtain any and all medical and/or emergency care which in the bearer's opinion is needed by my child(ren). I also accept full responsibility for the payment of any expenses incurred from such medical and/or emergency care.

Parent/Guardian Signature

_____/_____/_____
Date

Primary Phone

Alternate Phone

Alternate Contact: _____

Phone Number: _____

Name of Family Physician: _____

Phone Number: _____

Name of Insurance Company: _____

Policy or Group #: _____

Current Medication, Allergies or Health Problems:

Child 1: _____

Child 2: _____

Child 3: _____

2023 Florida Fall YP Conference
CONSECRATION AGREEMENT

Child 1: _____ Age: _____ Grade: _____

Child 2: _____ Age: _____ Grade: _____

Child 3: _____ Age: _____ Grade: _____

Parent Phone: _____ Alternate phone: _____

Parent Email: _____

1. I consecrate myself to the Lord for this time and accept all rules, requirements and arrangements.
2. I commit to punctually attend all meetings and to participate in all activities.
3. I will follow these dress guidelines and I agree to be corrected in specifics of my attire:
Brothers: Shirt with no graphics; long pants
Sisters: Top with sleeves and proper neckline; long pants, capri pants (no leggings)
or knee-length skirt; no graphics.
Recreation: shorts permitted, t-shirts
4. I give myself to the Lord to exercise my spirit and to enjoy the word of God!
5. I understand that if my conduct undermines the conference or distracts others, I will be sent home.
6. I agree to limit the use of my cell phone to communication with my parents. I understand that any other uses of my phone are at the discretion of my serving ones.

I have read and agree to all of the above:

Child 1 Signature: _____ Date _____

Child 2 Signature: _____ Date _____

Child 3 Signature: _____ Date _____

Signature of parent/guardian: _____

Paid: \$125.00 per person paid on ___/___/___ (check or cash)