

MEDICAL RELEASE FORM

2024 Florida Fall YP Conference

Child 1: _____ Birth date: ___ / ___ / ___ Grade in Fall 2024

Child 2: _____ Birth date: ___ / ___ / ___ Grade in Fall 2024

Child 3: _____ Birth date: ___ / ___ / ___ Grade in Fall 2024

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: _____

2024 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:** Shirts with no graphics—no sleeveless shirts or tank tops, Long pants (no holes): no shorts. Pants must be worn at the waistline with a belt, dress or tennis shoes. no slip-ons, flip-flops or sandals, socks must be worn, modest sleepwear or pajamas
 - Sisters:** Top with sleeves and proper neckline—no sleeveless blouses or tank tops, long pants (no holes), capri pants (no leggings) or knee-length skirt; no graphics, dress shoes, sandals or tennis shoes. No open-toed sandals or flip-flops, modest sleepwear or pajamas
 - 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: \$135.00 per person paid on / /

(Check or cash)