



Annual Medical Release From

For Parents who anticipate that their youth-aged child will participate in multiple events offered by Yorkminster in any 12 month period:

Completing this from allows you to sign YPC release forms without having to fill out the medical section repeatedly, for up to one calendar year from the date this form is signed. You will still need to sign the release form for each individual event. You may revoke or update this information in writing at any time. **You are responsible for contacting YPC with updated information** in the event the medical history or insurance information for the child changes during the year this form is in force.

Participant Information (to be completed by Participant or Parent/Guardian):

Legal Name of Participant: _____

Name of Parents/Guardians (if participant is a minor): _____

Address: (if different from above) _____

Home Phone: _____ Parent 1 Cell phone: _____ Parent 2 Cell phone: _____

Emergency Contact: _____ Relationship to Participant: _____

Home Phone: _____ Cell phone: _____

Is Sponsor authorized to approve medical treatment in the event parents cannot be reached? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or Group Number: _____

List of Allergies and medical conditions: _____

Is sponsor authorized to approve medical treatment? Y/N Is participant covered by personal/family medical insurance? Y/N

If yes, name of insurer _____ Policy or Group: _____

The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives. I understand that the information provided will be perceived as accurate and up-to-date, unless updated in writing, for one year from the date of the signature below. I understand that I, the Parent or Guardian, is responsible for updating this form when the medical history or the insurance coverage for the participant changes. I understand that I must sign a release form for each activity in which this child is participant.

Signature of Participant, or Parent (if minor) _____ Date: _____