

## Parental Release Form in addition to Online Registration Only

Name of Participant #1:	
Does the participant have any of the following health problems: <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear trouble <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart trouble <input type="checkbox"/> Skin problems <input type="checkbox"/> Allergy to Penicillin <input type="checkbox"/> Allergy to insect bites/stings <input type="checkbox"/> Emotional Disorder Other: _____	
Please list any medications the participant is taking: _____	
Please list any activity restrictions or health problems relating to participant: _____	
Please state if there has been any significant life changes for participant; a move, parents' separation or divorce, a death, abuse, school transfer, etc.: _____	
Name of Participant #2:	
Does the participant have any of the following health problems: <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear trouble <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart trouble <input type="checkbox"/> Skin problems <input type="checkbox"/> Allergy to Penicillin <input type="checkbox"/> Allergy to insect bites/stings <input type="checkbox"/> Emotional Disorder Other: _____	
Please list any medications the participant is taking: _____	
Please list any activity restrictions or health problems relating to participant: _____	
Please state if there has been any significant life changes for participant; a move, parents' separation or divorce, a death, abuse, school transfer, etc.: _____	
Health insurance company:	Group#:
Physician's name:	Phone:
Dentist's name:	Phone:
CONTRACT: I understand that every effort will be made to protect and safeguard all Participants. I understand a reasonable attempt will be made to contact me concerning any serious illness or injury involving my child and consent to medical treatment in the event of an emergency. I agree not to hold MI Youth, The Franciscan Friars of St. Bonaventure Province, or the Diocese of Baker liable for any illness or mishap from any cause whatsoever. I also give MI Youth full authority in dealing with problems of discipline. I understand that any Participant disregarding MI Youth rules is subject to being sent home with no refund of event fees. I understand that any Participant who willfully destroys property will be held responsible and charged accordingly. I also consent to MI Youth using appropriate images of my young person for the purpose of advertising and on the MI Youth website.	
Signature of parent/guardian: _____	Date: _____
Printed name: _____	

**Teens will not be admitted to any portion the program without signed Parental Release Form  
Please submit this form to:**

MI Youth Office,  
115 Forfar Drive  
Bella Vista, AR 72715