



Participant Medical and Event Release Form

In order for your registration to be considered final, a signed form must be on file with the PYT National Registrar. Please review, sign, and return to your registrar.

*Youth participants must include parent/guardian signature.

Participant's Full Name:
(Print) _____

Emergency Contact Name:
(Please Print): _____

Relation to
participant: _____

Phone Number of Emergency Contact: _____

PYT Community Guidelines and Covenant:

I have read the guidelines, understand them and by signing this indicate that I will live, in community, with fellow PYT participants and staff by following the guidelines as they are presented. I understand that if I break the covenant or am unable to follow the guidelines I can be sent home, at my own expense.

Signature of
participant: _____

*The Community Guidelines can be found online at
www.presbyterianyouthtriennium.org/registration

Critical Medical / Health Information

Allergies (please list): _____

Physical Conditions affecting
mobility/hearing/sight/etc.: _____

Medications requiring special dispensation or storage:

Health issues pertinent for PYT volunteers, leaders, housing staff to be aware:

Mental or Emotional issues for PYT volunteers, leaders, housing staff to be aware:

Any other information regarding your health or your child's health that would be helpful for us as we care for you/them during PYT?

Primary Care Physician's Name:

Primary Care Physician is located in: (City and State)_____

Medical / Health Insurance (Name of Insurer):_____

Medical Insurance Policy#:_____

Medical Insurance: The Triennium purchases a secondary medical insurance policy in order to cover any injuries or illnesses of participants/staff that occur while onsite at the event. This is a secondary policy only and is meant for medical issues which occur during the event and to assist with incidents where the participant is un-insured or underinsured.

Media Waiver

By signing below I understand that my photo, video interview, electronic image might be used for PYT promotion, national youth ministry promotion, education and future publication.

Event Liability Waiver

By signing below I acknowledge that I release the Presbyterian Youth Triennium event and the two sponsoring denominations, from liability and legal action stemming from my own actions, or my child's behavior, injury and/or activity during the event.

Signature Intent

I, _____,
acknowledge that I have read, understand and have signed this form in preparation to attend and participate in the 2016 Presbyterian Youth Triennium. **By signing I also give my permission for my child / minor charge to be given medical treatment, medical assistance, assessment and surgery or life saving measures if needed:**

Parent/Guardian Signature:

*All youth participants must have a parent/guardian signature.

For the Registrar:

- Please make sure this form has been signed by the participant and parent (if participant is a youth participant).
- Please make two copies for you. One for you, one for your lead traveling adult advisor.
- **Please alphabetize your set of signed forms and, return to the national PYT office by May 2016. Registration not complete until medical forms have been returned to the PYT office.**