

Participant Registration and Medical Release Form

Participant Name: _____

Sex: M F DOB: _____ T-Shirt Size (adult sizes): S M L XL XXL (small is pending minimum order)

Parent/Guardian Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone number where participant can be reached during the day: () _____ - _____

Phone number where parent/guardian can be reached during the day: () _____ - _____

THE FOLLOWING QUESTIONS ARE DIRECTED AT THE INDIVIDUAL PARTICIPATING IN THE EVENT, AND MAY HAVE TO BE FILLED OUT ON BEHALF OF THAT INDIVIDUAL BY A PARENT OR LEGAL GUARDIAN.

Is this your first time attending the Young Adult Summit: Yes No

Are you wearing pressure garments? (Circle one) Yes No

Do you have any special diet restrictions (For example, vegetarian)? Yes No

If yes, please list and describe: _____

Are you currently taking any type of medication, and will you be using this medication during the dates of the event you will be participating in? Yes No

If yes, please list and describe: _____

Do you have any type of special need, or information of some kind that we should be aware of regarding your participation in this event? Yes No

If yes, please describe: _____

Are you allergic to any food, medications, etc.? Yes No

If yes, please list: _____

Whom may we contact in case of an emergency: (must list one name/number different than above)

Name: _____ Phone: () _____ - _____ Relationship: _____

Name: _____ Phone: () _____ - _____ Relationship: _____

Medical Insurance. Please list your insurance coverage and number, for use only in an emergency.

Company: _____ Policy # _____

APPLICATION CONTINUES ON BACK SIDE

Special Event Permission Form

_____ has my permission to attend the Young Adult Summit, Presidents weekend. I understand that my signature below represents my child's actions and if any rules are broken, I will pick them up immediately, at my own expense.

PLEASE READ THE FOLLOWING VERY CAREFULLY

- While participating in this event, I understand that unacceptable behavior, drugs, alcohol, and firearms will not be tolerated, and may result in my dismissal.
- While participating in this event, I will take responsibility for the actions of the others listed as a part of my group.
- I hereby release and hold harmless the Alisa Ann Ruch Burn Foundation from any civil damages resulting from my participation in this event.
- I hereby give permission to the physician or medical personnel selected by the Alisa Ann Ruch Burn Foundation to obtain and administer surgical and medical treatment, hospitalization and medication for myself in the case of an emergency.
- I understand that the insurance held by the Alisa Ann Ruch Burn Foundation is secondary, and is supplemental to my own health insurance.
- While participating in this event, I understand that illegal drugs, alcohol and sexual activity are unacceptable and will not be tolerated.

Participant Signature

Date

If under, 18 Parent/Guardian Signature

Date

PHOTOGRAPH/VIDEO RELEASE

The Alisa Ann Ruch Burn Foundation needs your help and support in its work of providing educational programs about burn injuries. Often, as people become aware of how to prevent burns, they also want to support programs to help survivors of burn accidents. You can help our efforts to increase support for the valuable programs in which you participate. We need your authorization. Check next to the appropriate answer and then give your signature.

- Yes, I authorize the Alisa Ann Ruch Burn Foundation to use photographs or video from of this event for public education to prevent burns. I understand that my last name, the cause of my burns, and any other sensitive personal information will not be revealed without my specific consent.
- No, I do not want to be photographed or video taped in any way.

Participant Signature, or parent/guardian if under 18

Date



**MAIL THIS FORM,
ALONG WITH YOUR \$35 TO:**

**AARBF
665 Third St. Ste. 345
San Francisco, CA 94107
FAX: 415-495-7224**

QUESTIONS?!! 1-800- 755-BURN