



Philadelphia
Yearly Meeting of the Religious Society of Friends

REGISTRATION, RELEASE AND MEDICAL PERMISSION FORM

PLEASE RETURN TO: Charles B. Spadoni, Concord Quarterly Meeting Coordinator, 116 S. New Street,
 West Chester, PA 19382

PLEASE PRINT CLEARLY

Name _____ Grade _____ Date of Birth ____ / ____ / ____
 Address _____ City _____ State _____ ZIP _____
 Phone _____ Sex _____ Meeting _____ Are you a vegetarian? _____
 E-mail address _____

PARENT/ GUARDIAN /EMERGENCY CONTACT: Please indicate relationship of contacts to person named above.

Primary Contact _____ Relationship: _____
 Address _____ Phone _____
 City _____ State _____ ZIP Code _____ Work Phone _____

Email address _____

Secondary Contact _____ Relationship: _____
 Address _____ Phone _____
 City _____ State _____ ZIP Code _____ Work Phone _____

MEDICAL & INSURANCE INFORMATION:

To improve your child's group experience in Quaker community, please tell us about any unique needs that they may have, including medical, dietary, physical, behavioral or emotional needs. You can write about it here (and on the back), or call or email Charles B. Spadoni, Concord Quarterly Meeting's Coordinator (610.256.3572, cbspadoni@verizon.net) to explain it.

Allergies (including food) _____
 Medications being taken _____
 Date of last tetanus shot _____
 Family doctor _____ Phone _____
 Medical insurance company _____
 Policy # _____ Group # _____
 Is this an HMO? _____ Member's name _____
 Prescription plan and # (if applicable) _____

I give permission and consent for my above named child (or self if age 18 or older) to participate in the Parent's Day Off event to be held at Westtown School on December 12, 2015 that is sponsored by Concord Quarterly Meeting of the Religious Society of Friends ("CQM") and Western Quarterly Meeting of the Religious Society of Friends ("WQM"). I am fully aware of and appreciate the risks, including the risk of catastrophic and permanent injury that possibly may attend such activities. I hereby release Philadelphia Yearly Meeting of the Religious Society of Friends ("PYM"), CQM, WQM and their respective staffs and volunteers, from any and all liability for any illness, accident or injury that my child (or I) may sustain during these activities.

In the event of an emergency, I hereby authorize an adult leader, as agent for me, to consent to any X-ray examination or other diagnostic scan; medical, dental or surgical diagnosis; and/or treatment, including hospital care, advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital; and consultation with a mental health professional. I will assume financial responsibility for treatment rendered during this time. If treatment is rendered to my child, I expect to be contacted as soon as possible. I will not hold either PYM or CQM or WQM responsible for the payment of any bills incurred because of illness, accidents or injuries to my child (or myself if age 18 or older). I agree to indemnify and hold PYM, CQM, WQM and their respective staffs and volunteers harmless from and against any and all losses or expenses occasioned by the treatment of my child or myself. I represent that I am authorized to execute this waiver/release on behalf of all the child's parents and/or guardians.

_____ (Please initial) I understand and agree that photos and videos of the participant may be used by PYM, CQM or WQM in their respective websites and/or publications now and at any time in the future.

Signature of Parent or Legal Guardian _____ Date: ____ / ____ / ____

Relationship to above named minor (write SELF if age 18 or older): _____

We have been advised not to accept Faxed or photocopied signatures. Please mail the signed form back to the address above, or bring it with you to the event. **Your child may not participate in the event without it.**