



## Enrollment Application

Participant's Name: \_\_\_\_\_ Participant's Pronouns: \_\_\_\_\_

Participant's DOB: \_\_\_\_\_ Participant's Phone Number: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Guardian's Phone Number: \_\_\_\_\_

Participant's Medications: \_\_\_\_\_

Participant's Allergies: \_\_\_\_\_

### Emergency Contacts When Guardians Cannot Be Reached

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Part 1: To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above mentioned doctor or in the event the designated practitioner is not available, by another licensed practitioner, and (2) surgery should only be performed in the medical opinions of two other licensed physicians or dentists concur on the necessity of the such surgery are obtained prior to

the performance of such surgery. **Facts concerning the participant's medical history or any physical impairment a physician should be alerted to:** \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 2: Refusal to Consent

I do not give my consent for emergency treatment of the participant. In the event of injury requiring emergency treatment, I will the Youth MIC staff to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Transportation Permission

Date: \_\_\_\_\_

I \_\_\_\_\_ of \_\_\_\_\_

(Guardian)

(Participant)

give permission for the above-named participant to travel by transportation arranged by Youth MIC for the purpose of transporting the participant to and from home during Youth MIC activities and events. I also give permission for the participant's transportation for the purpose of field trips or activities arranged by Youth MIC. Further, I will not hold Youth MIC or any member of the staff or any volunteers responsible for any injury that the participant might incur when being transported home or to any field trip activity.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Release Form

I agree and consent to the use of mine or my participant's picture in conjunction for public relations purposes by Youth MIC, and I waive all claims for further compensation for such purposes or damages. I waive any right that I may have to inspect and/or approve the finished product or the public relations copy that may be used in connection therewith, or the use to which it may be applied.

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Print)

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

