



Participant Medical/Release Form (Step 4)

Complete one form with original signatures for each individual attending CityConnexx (students and adults). Mail/fax a copy to CityConnexx **2 weeks** before your arrival date. Then bring originals with you to your Ministry Site.

These forms are due immediately upon your arrival and will be collected by your Ministry Site Coordinator. Your Group cannot participate in any onsite or offsite activities without submission of this form complete with signature or parental signature for each individual attending CityConnexx.

Participant Name _____ Age _____ Date of Birth ____ / ____ / ____
Home Address _____ City _____ State _____ Zip _____
Church _____ Address _____ City _____ State _____ Zip _____
In case of emergency notify _____ Relation _____ Home # _____
Work # _____ Mobile # _____ Pager # _____ Other # _____

Medical Profile

Generally, participant's health is (check one): _____ Excellent _____ Good _____ Fair _____ Poor

If fair or poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: asthma _____ sinusitis _____ bronchitis _____ kidney trouble _____
heart trouble _____ diabetes _____ dizziness _____ stomach upset _____ hay fever _____ allergies _____

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood diseases: chickenpox _____ measles _____ mumps _____ whooping cough _____ other _____

Date of Tetanus Immunization: ____ / ____ / ____

Family Physician _____ Physician Phone _____

Insurance Company _____ Policy # _____

Subscriber Name _____ Subscriber # _____ Place of Employment _____

Subscriber Occupation _____ Work Phone _____

Permission for: Medical Treatment, Photograph/Video/Testimony, and Release and Indemnity

My permission is granted for the church official, program director, any program or ministry site staff, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child or self. Also, I understand that as a participant, my child or self may be photographed or videotaped during CityConnexx activities and these photos/videos/tesimonies may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge CityConnexx/YouthPartnersNET, the ministry site, event sponsors, and their employees and volunteers from any and all claims, demands, actions or causes of actions, past, present, or future arising out of any damage or injury while participating in the CityConnexx program or other activities while attending CityConnexx. I agree to indemnify CityConnexx/YouthPartnersNET for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present or future, arising out of or caused by my child or self while participating in the CityConnexx program or while on property leased or owned by CityConnexx/YouthPartnersNET or the ministry sites.

Complete and sign below (youth under 18 years of age require Parent/Legal Guardian signature):

Participant's Signature _____ Date ____ / ____ / ____

Parent/Legal Guardian Signature _____ Date ____ / ____ / ____ Phone _____