

New York State Grange Youth Weekend
Registration Form

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Grange Name & Number: _____ County: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

MEDICAL INFORMATION

Doctor: _____ Phone #: _____

Address: _____

City: _____ State & Zip: _____

Insurance Company: _____ Group #: _____

Allergies: _____

Medical Problems/Restrictions: _____

Medication: _____

EMERGENCY CONSENT: It is the policy of the New York State Grange to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child. I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD NAMED ABOVE WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE NYS GRANGE YOUTH TEAM OR DIRECTOR WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT MY CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT. I HEREBY AGREE TO RELEASE THE NYS GRANGE AND ITS REPRESENTATIVES FROM LIABILITY FOR ANY INJURY TO ABOVE NAMED PERSON RESULTING FROM ANY CAUSE WHATSOEVER WHILE ATTENDING THE NYS GRANGE EVENT, INCLUDING TRAVEL TO AND FROM THE EVENT, EXCEPTING ONLY SUCH INJURY OR DAMAGE RESULTING FROM WILLFUL ACTS OF SUCH REPRESENTATIVES. WE ALSO ALLOW THE NYS GRANGE TO USE PHOTOGRAPHS OF MY CHILD TAKEN AT THE EVENT FOR PRESS, BROCHURE, AND PUBLICITY PURPOSES.

Signature: _____ Date: _____

Parent/Guardian Signature if Minor: _____ Date: _____