



PRESBYTERIAN YOUTH TRIENNIUM • July 16 - 20, 2013 • Purdue University
www.presbyterianyouthtriennium.org

Participant Medical and Event Release Form

In order for your registration to be considered final a signed form must be on file with the PYT national registrar. Please review, sign, return to your registrar.

*Youth participants must include parent/guardian signature.

Participant's Full Name (Print) _____

Emergency Contact Name (Please Print): _____

Relation to participant: _____

Phone Number of Emergency Contact: _____

PYT Community Guidelines and Covenant

I have read the guidelines, understand them and by signing this indicate that I will live, in community, with fellow PYT participants and staff by following the guidelines as they are presented. I understand that if I break the covenant or am unable to follow the guidelines I can be sent home, at my own expense.

Signature of participant: _____

*The Community Guidelines can be found online at
www.presbyterianyouthtriennium.org/registration

Critical Medical / Health Information

Allergies (please list): _____

Physical Conditions affecting mobility/hearing/sight/etc.: _____

Medications requiring special dispensation or storage:

Health issues pertinent for PYT volunteers, leaders, housing staff to be aware:

Mental or Emotional issues for PYT volunteers, leaders, housing staff to be aware:

Any other information regarding your health or your child's health that would be helpful for us as we care for you/them during PYT?

Primary Care Physician's Name: _____

Primary Care Physician is located in: (City and State) _____

Medical / Health Insurance (Name of Insurer): _____

Medical Insurance Policy#: _____

Medical Insurance: The Triennium purchases a secondary medical insurance policy in order to cover any injuries or illnesses of participants/staff that occur while onsite at the event. This is a secondary policy only and is meant for medical issues which occur during the event and to assist with incidents where the participant is un-insured or underinsured.

Media Waiver

By signing below I understand that my photo, video interview, electronic image might be used for PYT promotion, national youth ministry promotion, education and future publication.

Event Liability Waiver

By signing below I acknowledge that I release the Presbyterian Youth Triennium event and the two sponsoring denominations, from liability and legal action stemming from my own actions, or my child's behavior, injury and/or activity during the event.

Signature Intent

I, _____,
acknowledge that I have read, understand and have signed this form in preparation to attend and participate in the 2013 Presbyterian Youth Triennium. **By signing I also give my permission for my child / minor charge to be given medical treatment, medical assistance, assessment and surgery or life saving measures if needed:**

Parent/Guardian Signature:

*All youth participants must have a parent/guardian signature.

For the Registrar:

- Please make sure this form has been signed by the participant and parent (if participant is a youth participant).
- Please make two copies for you. One for you, one for your lead traveling adult advisor.
- **Please alphabetize your set of signed forms and, using the envelope in your Registrar Kit, return to the national PYT office by May 31, 2013. Registration not complete until medical forms have been returned to the PYT office.**