

# Registration Form

**COST:** \$110.00

\$130.00 postmarked after Sept. 19th

**Amount enclosed:** \$ \_\_\_\_\_

**Scholarship requested:** \$ \_\_\_\_\_

# Strength IN Vulnerability

Young Quakes Conference

October 10–13, 2003 / Bethany Hills Camp, Kingston Springs, TN

**This form must be completed in full.** A confirmation mailing will be sent at the end of the summer.

## Medical Permission Form Please type or print clearly (valid through October 13, 2003)

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Sex \_\_\_\_\_

Monthly Meeting \_\_\_\_\_ Yearly Meeting \_\_\_\_\_

I am: a vegetarian \_\_\_\_\_ a vegan \_\_\_\_\_ an omnivore (meat eating) \_\_\_\_\_ If you check nothing, we will assume you are an omnivore.

Boarding School? \_\_\_\_\_ School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail address \_\_\_\_\_

**Parent/Guardian/Emergency Contact:** Please indicate relationship of contacts to person named above.

Boarding school students should list their school's Dean's Office as the Secondary Contact.

Primary Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Medical and Insurance Information:** Use back of page if more space is needed to list allergies and/or medications.

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 2003 Young Quakes Conference, sponsored by Friends General Conference (hereafter called FGC). I am fully aware of and appreciate the risks including the risk of catastrophic and permanent injury, that may possibly attend such activities. I hereby release FGC, its staff and volunteers, from 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; 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 FGC 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 FGC harmless for any loss or expense 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.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*We have been advised NOT to accept Faxed or photocopied signatures.*

Relationship to above named minor (Write SELF if age 18 or older) \_\_\_\_\_



Please mail registration form—with your check made payable to "Friends General Conference"

—postmarked no later than September 19, 2003 (to avoid a late charge) to:

Friends General Conference / Religious Education, YQ / 1216 Arch Street, 2B / Philadelphia, PA 19107

**This form will be available from the FGC website this summer. Go to [www.fgcquaker.org](http://www.fgcquaker.org)**