

Rock Springs Youth Health and Participation Form

Group: Fellowship of Christian Athletes

Date: _____

Attendee's Name: _____

Health

List below any physical condition the doctor, EMT, nurse, Rock Springs staff or group staff should be aware of. (Any information will be kept confidential.) Check conditions present and list any pertinent information.

____ insect stings ____ diabetes ____ heart condition ____ ear infection
____ fainting spells ____ headaches ____ allergies (explain) _____

allergic to any drugs (please list) _____

prescribed medicines presently taking _____

date of last tetanus immunization _____

other conditions _____

Participation

Rock Springs instructional staff is trained to provide the safest activities possible. I understand the campers will be closely supervised and agree that the supervisors, sponsors and Rock Springs 4-H Center are not responsible in case of injury or illness. I further understand that first aid will be available and that should a serious injury or illness occur, medical or hospital care will be provided. I realize the supervisors will notify me in case of serious injury or illness. However, should they be unable to contact me, I hereby grant my permission and consent for emergency medical or surgical care to be given, as determined necessary by a licensed physician. I give permission to Rock Springs 4-H Center, the Kansas 4-H Foundation and the Kansas 4-H Extension program to use pictures taken of my minor child while participating in activities at Rock Springs 4-H Center. I understand these photos may be used for the promotion of Rock Springs and cannot be sold or distributed to any other entity.

Parent or Guardian's Signature _____ Date _____

I specifically agree to hold Rock Springs 4-H Center harmless as to any claim for damages for any accident or injury of any kind resulting from the participation of my minor ward in Rock Springs activities including programs involving horses, and this "hold harmless guarantee" is specifically granted in consideration of the services by Rock Springs 4-H Center.

Parent or Guardian's Signature _____ Date _____

Address _____

In case of an Emergency please notify: _____

Day Phone # _____

Evening Phone # _____