Registration Deadline for Children – Friday, May 10, 2024

*Please email a scanned copy of your completed form to Diane Mott at* *mottfam45@gmail.com**. Include a copy
 of both sides of your insurance card as well. Children will receive free T-shirt if size is included below.*

**LEYM Parent or Guardian Consent & Permission Form**

**Child/Teen's full name:**

preferred name:

age at LEYM:\_\_\_\_\_\_grade level next fall:

T-Shirt Size \_\_\_\_\_\_\_ Youth / Adult

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age at LEYM:\_\_\_\_\_\_grade level next fall:

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preferred name:

age at LEYM:\_\_\_\_\_\_grade level next fall:

T-Shirt Size \_\_\_\_\_\_\_ Youth / Adult

Please give a full listing of each child's medical, mental, and physical conditions as well as any medications he/she is currently taking. Include any food or environmental allergies. If no conditions or allergies, please state “none” for each child.

**Medical Insurance Information:
Please include a copy of both sides of the insurance card for each child.**

**Parent/Guardian name:**  **Parent/Guardian cell phone:**

**Parent/Guardian email address:**

**Home address:**

Name(s), address, and cell phone number of the Adult Sponsor attending with child/teen if different from the above adult.

*I am aware that my child is attending the gathering of Lake Erie Yearly Meeting at Ashland University, Ashland, OH, on June 13 – 16, 2024. I authorize the adult staff to arrange for emergency medical care they deem necessary. I am aware that for my child/teen to participate in swimming, bowling, or any other off- campus activity, he/she will be riding in a private motor vehicle to and from these activities. My child/teen will only ride in vehicles equipped with seatbelts, and I will provide my child’s booster or car seat, if necessary. I am aware that the Youth Program is not responsible for the supervision of my child/teen outside of scheduled Youth Program events.*

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 (Signature of parent or guardian) (date)

If parent/guardian cannot be reached, notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relation to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_