

REGISTRATION AND MEDICAL WAIVER FORM

Laurelville X (Fall Weekend Date: Oct.26-28, 2007)

Name: _____ Birth date: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ School: _____ Grade: _____ Group: _____
Parent/Guardian's Name: _____ Insurance: _____ Group#: _____
Date of last Tetanus: _____ Allergies: _____

In case of Emergency: I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the PITTSBURGH YOUTH NETWORK (PYN) permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by PYN. I give permission for those administering emergency treatment to do so, using those measures deemed necessary. I absolve PYN from liability in acting on my behalf in this regard so long as PYN is not grossly negligent.

Signature of Parent/Guardian: _____ Date _____
Phone #(s) where I can be reached: _____ Alternate _____
Contact _____ Relationship: _____ Phone #: _____
Deposit: \$ _____ Balance Due: \$ _____ Balance Paid: \$ _____ Full Payment: \$ _____

REGISTRATION AND MEDICAL WAIVER FORM

J-Town X (Fall Weekend Date: Nov.16-18, 2007)

Name: _____ Birth date: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ School: _____ Grade: _____ Group: _____
Parent/Guardian's Name: _____ Insurance: _____ Group#: _____
Date of last Tetanus: _____ Allergies: _____

In case of Emergency: I understand that every effort will be made to contact me. If I can not be reached, I hereby give the PITTSBURGH YOUTH NETWORK (PYN) permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by PYN. I give permission for those administering emergency treatment to do so, using those measures deemed necessary. I absolve PYN from liability in acting on my behalf in this regard so long as PYN is not grossly negligent.

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