

# Registration and Consent Form



Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Emerg. Number: \_\_\_\_\_

## *Medical Information:*

Medicare Number: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Province: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_

## Authorization:

I \_\_\_\_\_ the  parent  legal guardian,  
of the above mentioned minor, do hereby give my consent for the above named to attend the  
designated youth function, Teen Thunder 2020, and to participate in all activities thereof, excepting  
those activities which are prohibited by medical/physical conditions. Further, I give my  
authorization for any person authorized by officials of the youth function to transport the above-  
named in any registered, insured vehicle which may be reasonably expected to safely convey them  
from point to point. Should medical attention be necessary, I authorize officials of the youth function  
to seek competent medical professional assistance in maintaining the well being of the above named  
and I assume any financial responsibility for medical care not covered under Medicare. I hereby  
certify that I have read the attached standards of dress and conduct and that I have reviewed them  
with the above-named; further, I certify that the above information is true to the best of my  
knowledge; I agree to hold the officials of this youth function wholly harmless for any liability arising  
from this function.

Signature: \_\_\_\_\_