CONCORD QUARTERLY MEETING AND WESTERN QUARTERLY MEETING
OF THE RELIGIOUS SOCIETY OF FRIENDS

RGISTRATION, RELEASE AND MEDICAL PERMISSION FORM Valid Through August 31, 2022

PLEASE RETURN TO: Lynne H. Piersol, Concord Quarterly Meeting Coordinator, 139 Summit Terrace, Bryn Mawr, Pennsylvania, PA 19010 or Deb Wood, Western Quarterly Meeting Coordinator, PO Box 693, Kennett Square, PA 19348

PLEASE PRINT CLEARLY

Participant Name_____ Grade_____ Date of Birth____ /____ /____
Home Address_____ City_____ State ____ZIP_____
Phone (_____) _____ Sex_____ Meeting _____Are you a vegetarian? _____
Boarding School? _____ City _____ State____ ZIP _____
Phone (_____) _____ Participant's E-mail address_____

PARENT/ GUARDIAN /EMERGENCY CONTACT: Please indicate relationship of contact to person named above.
Primary Contact_____ Relationship to Participant: _____
Address_____ Phone (____) _____
City_____ State_____ ZIP Code_____ Cell Phone (____) _____
Primary Contact Email address_____
Secondary Contact _____ Relationship to Participant: _____
Address_____ Phone (_____) _____
City_____ State _____ZIP Code_____ Cell Phone (____) _____
Secondary Contact Email address_____

MEDICAL & INSURANCE INFORMATION:
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 _____
Member's Name _____Prescription plan and # (if applicable)_____

ADDITIONAL INFORMATION
To improve your child's group experience in Quaker community, please tell us about any unique needs that they may have, including medical, dietary, physical, behavioral or emotional needs. You can write about it here (and on the back).
_____
_____

FOR TUBING: I give permission and consent for my above named child (or self if age 18 or older) to participate in the tubing event sponsored by Concord Quarterly Meeting of the Religious Society of Friends ("CQM") and Western Quarterly Meeting of the Religious Society of Friends ("WQM") be held at the premises of MaryEtta Clendenin on June 23, 2019 that involves tubing on the west branch of the Brandywine Creek. I am fully aware of and appreciate the risks, including the risk of catastrophic and permanent injury that possibly may attend such activities. I hereby release CQM , WQM, and Philadelphia Yearly Meeting of the Religious Society of Friends ("PYM"), and their respective staffs, volunteers, officers, directors, and members from any and all liability for any illness, accident or injury that my child (or I if age 18 or older) may sustain during this activity or others sponsored by Western or Concord Quarter 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; and/or 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 CQM or WQM or PYM 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 CQM, WQM and PYM and their respective staffs and volunteers harmless from and against any and all losses or expenses 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.

_____ (Please initial) I understand and agree that photos and videos of the participant may be used by CQM or WQM or PYM, in their respective websites and/or publications now and at any time in the future.

Signature of Parent or Legal Guardian_____ Date: _____/_____ /____
Relationship to above named minor (write SELF if age 18 or older): _____
Please mail the signed form back to one of the addresses set forth above in time for its receipt prior to June 18, 2019, or bring it with you to the event. ***Neither you nor your child may participate in the event without this completed and executed form having been delivered to one of the Coordinators named above.***