Philadelphia Yearly Meeting

PLEASE PRINT CLEARLY ON BOTH SIDES
Permission valid through June 30, 2027

RETURN BY MAIL TO: Youth Engagement Coordinator, 1515 Cherry Street, Philadelphia, PA 19102
We need to receive the original signed copy of form. You may in addition email a scanned copy to KSimmons@pym.org
CONFIDENTIALITY: Philadelphia Yearly Meeting will keep this information confidential and use it only to the extent needed to ensure the health and safety of each Participant.

PARTICIPANT NAME: _____ Grade in school: _____

Pronouns: _____ Date of Birth: _____/_____/_____ Sex assigned at birth: Male / Female

Home Address: _____ City: _____ State/Zip: _____

Home Phone (_____) _____-_____ Local Meeting (if applies): _____

Preferred E-mail Address for program mailings: _____

PARENT/ GUARDIAN /EMERGENCY CONTACT Please indicate relationship to person named above. **Boarding school students should list their school s Dean s Office as the Secondary Contact.*

PRIMARY CONTACT: _____ Relationship:_____

Address: _____ Home Phone (_____) _____-_____

City: _____ State/Zip: _____ Cell Phone (_____) _____-_____

E-mail: _____ Work Phone (_____) _____-_____

***SECONDARY CONTACT:** _____ Relationship:_____

Address: _____ Home Phone (_____) _____-_____

City: _____ State/Zip: _____ Cell Phone (_____) _____-_____

E-mail: _____ Work Phone (_____) _____-_____

MEDICAL & INSURANCE INFORMATION:

Family Physician: _____ Phone (_____) _____-_____

Medical Insurance Co.: _____ Member's name: _____

Policy # _____ Group # _____ Is this an HMO? Y / N

Prescription plan and # (if applicable) _____

Date of last tetanus shot: _____/_____/_____

List Allergies *(including food)* and Dietary Needs:

Medications —If the Participant will need to take any medication while participating in PYM Youth programs, in the space below please identify the name of the medication, dosage, and time(s) taken. **Medication must be in its original container.*

ADDITIONAL PARTICIPANT INFORMATION: Each young person brings gifts to the youth programs community. To improve your child's group experience in Quaker community, please also tell us about gifts and needs that they may have, including medical, physical, behavioral or emotional needs. **You may write in the space below, attach additional page, and/or email/call to discuss.**

PHOTO AND IMAGE RELEASE: _____ (please initial)

I hereby grant permission to Philadelphia Yearly Meeting (PYM) to take and use photographic or video images and/or audio recordings ("Images") of my child. PYM may use these Images on its website, on its social media pages, or in printed publications as it sees fit. This includes without limitation Images depicting the participation of my child in a video conference or other virtual event or gathering. I understand and agree that: neither my child nor I will receive any notice, payment, royalties, or consideration for use of these Images; the Images will be the property of PYM and will not be returned to me; PYM has the right to use, edit, crop, enhance or otherwise treat the Images as it sees fit, without any notice to me or right of approval by me. I also acknowledge that this is a perpetual, worldwide grant to PYM and it may choose not to use our Images at this time but may use them later. I also understand that once an Image of my child or me is posted on PYM's website, the Image can be downloaded. Therefore, I agree to release and hold harmless PYM from any claim, suit or damages as a result of such downloading or use by others. I have carefully read and fully understand this Photo and Image Release Form and sign it freely, knowingly, and voluntarily.

PERMISSION AND CONSENT:

I give permission and consent for my above named child (or self if age 18 or older) to participate in the Philadelphia Yearly Meeting's youth activities. I am fully aware of and appreciate the risks including the risk of catastrophic and permanent injury, that may possibly attend such activities. I hereby release Philadelphia Yearly Meeting, its staff, volunteers, officers, directors, and board members , from liability for any illness, accident or injury that my child (or I) may sustain during these activities. 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; 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 Philadelphia Yearly Meeting 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 Philadelphia Yearly Meeting harmless for any loss or expense 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.

Signature of Parent or Legal Guardian _____ Date: ____/____/_____

We have been advised not to accept Faxed or photocopied signatures.

Relationship to above named minor (Write SELF if age 18 or older):_____