

**NPYG – DCC-UCC EMERGENCY FORM and MEDIA RELEASE/WAIVER FORM**

Youth Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ School Grade \_\_\_\_\_ School District \_\_\_\_\_

Mom's Name \_\_\_\_\_ Mom Cell # \_\_\_\_\_ Mom Work # \_\_\_\_\_ Mom Home # \_\_\_\_\_

Dad's Name \_\_\_\_\_ Dad Cell # \_\_\_\_\_ Dad Work # \_\_\_\_\_ Dad Home # \_\_\_\_\_

Youth's Home Address \_\_\_\_\_

Youth Lives With (check all that apply):  Mom  Dad  Other \_\_\_\_\_

Please list anything we should know about your child and/or any medical conditions, allergies, food restrictions, or other physical limitations:

\_\_\_\_\_  
\_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor Phone Number \_\_\_\_\_

Dentist Name \_\_\_\_\_ Dentist Phone Number \_\_\_\_\_

**TWO PEOPLE TO WHOM WE CAN RELEASE YOUR CHILD IN THE EVENT PARENT CANNOT BE REACHED:**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Please place your initials next to ONE of the following consent statements, and sign/date accordingly:**

\_\_\_\_ I/we consent that if our child is hurt or sick and no contact person can be contacted, NPYG has permission to call 911 and have child transported to nearest hospital.

\_\_\_\_\_  
*Parent/Legal Guardian Signature / Date*

\_\_\_\_ I/we do NOT give consent to have child transported to nearest hospital in the event that a parent or emergency contact cannot be reached. Instead, please take the following action(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Parent/Legal Guardian Signature / Date*

**MEDIA RELEASE AND WAIVER:**

I hereby grant and convey to NPYG/Dublin Community Church – United Church of Christ all rights, title and interest in any and all photographic images and video or audio records made during the above Participant's participation, and that of all family members. I also hereby grant permission to use photographs, videos, audio recordings, or to otherwise document participation in any and all NPYG/DCC-UCC programs and activities.

\_\_\_\_\_  
*Parent/Legal Guardian Signature / Date*