



YOUTH EMPOWERMENT SYMPOSIUM REGISTRATION FORM – 1

Rural & Migrant Ministry, Inc.
P.O. Box 4757, Poughkeepsie, NY 12602
Office (845) 485-8627 Fax (845) 485-1963
www.ruralmigrantministry.org

Please Print Clearly

Participant's Full-Name: _____

Birth date: _____ / _____ / _____ Age: _____ Current Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone - Home: () _____ Cell: () _____

E-mail: _____

Parent(s) / Guardian(s) Names and Telephone Number:

Parent: _____ Home: () _____

Cell: () _____ Work: () _____

Parent: _____ Home: () _____

Cell: () _____ Work: () _____

Legal Guardian: _____ Home:(
) _____

Cell: () _____ Work: () _____

If parents are divorced, which parent is the custodial parent? _____

I give permission for my daughter/son to participate at this event organized by Rural & Migrant Ministry, Inc.

► _____
Signature of Parent/Guardian Date



YOUTH EMPOWERMENT SYMPOSIUM REGISTRATION FORM – 2

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Emergency Authorization / Emergency Contact Information

IN CASE OF EMERGENCY, THIS AUTHORIZES MEDICAL ATTENTION TO PARTICIPANT IN YOUR ABSENCE:

I release Rural & Migrant Ministry, Inc. and its employees, from any liability for any accidents, injuries, or illness that may occur to my child from his/her participation in this activity. Rural & Migrant Ministry, Inc. also has my permission to authorize care for my child in the case of a medical emergency.

In case of a medical emergency, I understand that every effort will be made to contact family members. In the event that a family member cannot be reached, *I hereby give permission to the attending physician to hospitalize and provide necessary medical treatment for my child.*

Participant's Name: _____

Emergency Contact: _____

Relationship: _____

Telephone: () _____

Cell: () _____

Other: () _____

I, the undersigned parent or legal guardian of the above named person, consent and agree to the terms of this release. And I give my permission for my son/daughter to participate in this program, event, activity, and educational trip.

► _____
Signature of Parent/Guardian

Date



**YOUTH EMPOWERMENT SYMPOSIUM
REGISTRATION FORM – 4**

Medication Information and Release Form

Is the applicant currently undergoing any medical/mental health treatment? If yes, please explain.

Is the applicant currently taking any medication? If so, please list medications, amounts and frequency below.

Is the applicant capable of monitoring the intake of their medication? If so, please provide a written physician permission indicating so.

Does the applicant have any allergies? If so, please list allergy and advised treatment.

Are the applicant's physical activities restricted? If so, please explain.

Emergency Medical Contact:

Physician Name: _____

Phone Number: _____

***Only medications in original containers/packing will be dispensed!**

Comments: _____

I understand that all medications brought to the program, both prescription and non-prescription medications, must be sent in the original container/packing with the following information on its label.

- ✓ Name of medication
- ✓ Name of person to receive medication
- ✓ Dosage to be given, frequency and/or time when medication is to be administered.
- ✓ Expiration date
- ✓ *Prescription medication must have name of doctor prescribing and contact information on original label.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: _____



Youth Empowerment Program

REGISTRATION FORM - 5

DRUG/SMOKE/ALCOHOL & UNAUTHORIZED VISITORS POLICY:

THE YOUTH EMPOWERMENT PROGRAM IS A DRUG FREE, SMOKE FREE, AND ALCOHOL FREE PROGRAM. IN ADDITION, THE PROGRAM DOES NOT PERMIT PARTICIPANTS TO HAVE UNAUTHORIZED VISITORS TO THIS EVENT. ANYONE FOUND VIOLATING THESE RESTRICTIONS WILL BE IMMEDIATELY SENT HOME. (Parents must provide transportation for their child)

PARENT/GUARDIAN AUTHORIZATION. (Required for anyone under 21)

I understand the Youth Empowerment Program's Drug/Alcohol and Unauthorized Visitors Policy and agree that, in the event that (insert participant name) _____ violates this Policy, he/she will be sent home immediately and I will need to provide transportation.

Participant Name:

Participant Signature:

Parent/Guardian Name:

Parent/Guardian Signature:

Date: _____