Operation Military Kids Registration Form

(Print clearly and fill out completely)

Contact Information

Youth's Name _____
Last First Middle Initial

Youth's Address _____
Street or Box City State Zip Code

Youth's Phone Number ( ) _____ Birth Date _____ Age _____ Sex: ☐ M ☐ F
Month/day/year

On-Site Emergency Contact: Name _____ Relationship to Youth: ☐ Parent ☐ Guardian ☐ Other:

Cell Phone Number ( ) _____ Address _____
City State

Alternate Emergency Contact: Name _____ Relationship to Youth: ☐ Parent ☐ Guardian ☐ Other:

Daytime Phone Number ( ) _____ Evening Phone Number ( ) _____

Cell Phone Number ( ) _____ Address _____
City State

Military Branch

please indicate which branch you are affiliated with

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy ☐ Army National Guard
☐ Air National Guard ☐ Reserves (please indicate which branch represented) _____

Health Information

Youth has the following:

- Health concerns (check all that apply): ☐ Asthma ☐ Convulsions ☐ Fainting Spells ☐ Physical Impairment ☐ Bronchitis ☐ Diabetes ☐ Heart Trouble ☐ Hay Fever ☐ Other (list) _____
- Allergies or reactions to drugs (check all that apply): ☐ Aspirin ☐ Penicillin ☐ Other (list) _____
- Allergies or reactions (check all that apply): ☐ Dairy ☐ Gluten ☐ Peanuts ☐ Shellfish ☐ Insect bites or stings ☐ Ivy/oak/sumac toxins ☐ Other (list) _____
- Special Needs: ☐ Yes ☐ Accommodations (list) _____ ☐ IEP

Youth has a condition that requires medication: ☐ Yes ☐ No

If yes was answered, what is the condition? (list) _____
What is the name of the medication? (list) _____
Will the medication be in the possession of the youth? ☐ Yes ☐ No
Is the youth capable of self-administering the medication? ☐ Yes ☐ No

Date of Youth's last Tetanus Immunization _____
Month Date Year

Authorization

If an injury or illness develops during an activity or event, medical care will be provided and I will be notified as soon as possible. I further authorize each of the following:

A. The above-named youth has my permission to engage in all program activities as noted. I understand that it is my responsibility to notify on-site staff of relevant health/medical conditions important to working with the above named youth
B. If an injury or other medical condition occurs or arises, I grant permission for medical treatment to be obtained for the youth and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary.
C. I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes.
D. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit.

Parent/Legal Guardian's Signature _____ Date _____

Youth's Signature _____ Date _____
(If the youth is 18 or over, **BOTH** the parent/legal guardian and youth must sign.)

SAMPLE

Authorization

Furthermore, I agree that all activities and use of all facilities relating to participation in 4-H/OMK activities shall be undertaken at the sole risk of the youth/family and that the *Board of Regents of the University of* _____, its officers, representatives, agents, employees, leaders, and youths of any 4-H/OMK program shall not be liable for any claims, demands, injuries, damage, actions or causes of action, whatsoever, to me, my family, or my property arising out of or connected with participation in 4-H/OMK programs/events or the premises where the programs/events occur and I do hereby expressly forever release, discharge, and hold harmless the *Board of Regents of the University of* _____, its officers, representatives, agents, employees, leaders, and youths of the 4-H/OMK program from all such claims, demands, injuries, damage to person or property, actions or causes of action, including but not limited to all acts of active or passive negligence on the part of the *University of* _____, any 4-H/OMK program, their servants, agents, or employees. **I do not, however, release these individuals and entities from liability for intentional, willful or wanton acts and this release shall not be construed to include such acts.**

I have read and understand and agree to the terms and conditions of this release. I understand that I have given up rights by signing this release and sign it freely and without inducement.

Parent/Legal Guardian's Signature _____ Date _____

Youth's Signature _____ Date _____
(If the youth is 18 or over, **BOTH** the parent/legal guardian and youth must sign.)

Agreement for Use of Photographs, Artwork, and Name

From time to time photographs, videos, and/or audio clips may be taken of youth and adults engaging in Operation: Military Kids and 4-H programs and activities. *The University of* _____ *4-H, Operation: Military Kids and* _____*Public Affairs* request the right to use all photos, videos, and/or audio clips taken of youth and adults, programs and activities. These may be used for promotional brochures, promotions or showcase of programs on our web sites, showcase of activities in local newspapers, and other not-for-profit purposes.

By signing this form, I consent to allow the *University of* _____ *4-H, Operation: Military Kids and* _____*Public Affairs* to use photos, videos, and/or audio clips that they have of me/my child participating in Operation: Military Kids and 4-H.

By signing this form, I confirm that I understand and agree to the above request and conditions. I agree to give up my rights with regards to Operation: Military Kids and 4-H photos, videos, and/or audio clips of me. I sign this form freely and without inducement.

Parent/Legal Guardian's Signature _____ Date _____

Youth's Signature _____ Date _____
(If the youth is 18 or over, **BOTH** the parent/legal guardian and youth must sign.)

Please note: This is only a sample. Modify this registration and release form to meet your specific parameters. Make sure to check with State partners/sponsors for authorization.

SAMPLE