

_____ Date

**Bay View Community Center
Young Adult Emergency Form**

1. Young Adult's Name: _____
Date of Birth: ___ / ___ / ___ Age: _____ School: _____
Grade: _____ Class/Programs Registered for: _____
Young Adult's Street Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
2. Parent/Guardian Name: _____ Relation: _____
Work Phone & Hours: _____
Parent/Guardian Address: _____ Phone: _____
Parent Email Address: _____
City: _____ State: _____ Zip Code: _____
3. Emergency Contact: Name: _____ Relation: _____
Address: _____ Phone: _____
City: _____ Zip: _____
4. List any Allergies, Medical Issues and/or Behavioral Disorders: _____

List any Medications currently taking: _____
Doctor's Name & Emergency Phone Number: _____
Insurance Co. & Policy #: _____
Preferred Hospital/Clinic for Treatment: _____

I, hereby release the Bay View Community Center and any of its collaborative agencies/institutions, sponsors and contributors, and any other entities or individuals who are in any way connected with the Center, its collaborative agencies/institutions, this program/activity/trip (including volunteers) and their successors and assigns from any and all liability or claim for any damage, injury or illness which my child may suffer arising out or related to their participation in this program/activity/trip.

I further provide that this consent and waiver applies to myself and my child's heirs, executors, or assignees. I consent to emergency treatment in the event of illness or accident. I grant permission to the Center to use any photograph or any other record of this event for any legitimate purpose. *I acknowledge that I have read and fully understand my own liability and do accept the restrictions indicated above.*

Signature: _____ **Date:** _____