

SLOVAK CATHOLIC SOKOL EMERGENCY INFORMATION FORM 2019

July 17-21, 2019

SUNY Brockport

YOU MAY LIST ALL OF YOUR CHILDREN ON THE SAME PAPER

Participants Name(s): _____

Date of Birth: _____

If more than one child written above, please write name and birthdate on line provided. Ex: Bill – 4/5/2008, Mary – 6/14/2003

Address: _____

City, State, Zip Code _____

Phone: (_____) _____

MEDICAL INFORMATION ----(Please highlight any important information that the group leaders and the Supreme Physical Fitness Board should be aware of)

If more than one child written above, please specify which child, if any, has the medical issue below.

Are you being treated for a medical condition? (if yes, please specify) _____ yes _____ no

Have you had any serious illnesses? (If yes, please specify) _____ yes _____ no

Are you currently taking any medication? (If yes, please specify) _____ yes _____ no

Date of last Tetnus Booster? Date _____ Check here if you do not know _____

Family physician: _____

Phone number: (_____) _____

Parent or Guardian Signature: _____ Date: _____

AUTHORIZATION FOR OPERATION, ANESTHETIC, X-RAYS AND TREATMENT

I HEREBY AGREE TO THE PERFORMANCE OF SUCH OPERATION(S), ANESTHETIC(S), X-RAY(S), OR TREATME THAT, IN THE OPINION OF THE ATTENDING PHYSICIAN IS DEEMED NECESSARY ON IF PARENT CANNOT BE REACHED:

Participants Name(s) : _____

Dated: _____

Signature of Parent or Guardian

In consideration of the benefits to my child and to other children to be gained by participating in the **Slovak Catholic Sokol International Slet** sponsored by the Slovak Catholic Sokol in Brockport, NY, I hereby release, forever discharge, and hold harmless, the Slovak Catholic Sokol, its Officers, Assemblies and Wreaths and anyone else connected with the Sokol Organization from any and all rights and claims for damages which I may have or which may hereafter occur to me arising out of the participation in and transportation to and from and during said SLET--- July 12 – July 16, 2017.

PARTICIPANT(S) : _____

PARENT'S SIGNATURE: _____

NAME OF PARENT'S MEDICAL INSURANCE _____

MEDICAL INSURANCE POLICY NO: _____

PHOTO RELEASE FORM

I, _____, parent/legal guardian of
(Parent's name)

_____, consent to the disclosure of photographs and video of my
(Child's name)

child participating in the International Slet. My signature below indicates my permission for the Slovak Catholic Sokol to use these photos/videos in the website, Facebook, Twitter, or Instagram page, and in an official publication of the Slovak Catholic Sokol.

This consent only applies to the following:

1. Name
2. Photographs from performances and practices
3. Participation in performance video

I am aware that by giving this consent, I am permitting personal information (name and photograph only) about _____ to be published, which can be viewed by anyone who
(print name of participant)
accesses the Slovak Catholic Sokol website, Facebook, Twitter or Instagram page or publications, and that if consent were withheld, this posting and publication would not occur. I further understand that this consent may be withdrawn by me at any time, upon written notice. I give this consent voluntarily.

Parent's Signature