

# Great Plains Regional Youth Conference

## JULY 20-22, 2007 REGISTRATION/MEDICAL FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MODE OF TRANSPORTATION \_\_\_\_\_ ARRIVAL TIME \_\_\_\_\_

In the event of an emergency please contact (include phone number and cell phone numbers)

1. \_\_\_\_\_

2. \_\_\_\_\_

My Insurance carrier is: \_\_\_\_\_ (Please include the name of your insurance company and remember to send your card or a copy of it with your child).

Known allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

I have included my registration fee of \$85.00

### PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT (All participants under 18 MUST have completed form)

I hereby give my legal consent and authorize any representative of the Kansas State Grange/Great Plains Regional Conference to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above named child, for any injury or illness of an emergency nature he/she incurred while participating in the tours or activities noted above by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act. K.S.A. 65-2801, and any hospital. This consent is for \_\_\_\_\_, while attending the Great Plains Regional Youth Conference in Topeka, KS, July 20-22, 2007.

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

**Return this form to Melanie Bostwick, 9578 110<sup>th</sup> St., Ozawkie, KS 66070** Must be returned by June 30, 2006. If you have questions please call 785-876-2751