



*The Illinois Yearly Meeting High School Friends Cordially Invite all  
Quaker High School friends (and their parents) to join us for the...*

# Illinois Yearly Meeting High School Group

Join us for the Fall Quake 2011

## ***REGISTRATION/ MEDICAL RELEASE FORM***

Participant's Name: \_\_\_\_\_

Monthly Meeting \_\_\_\_\_

Birth Date \_\_\_\_\_ Finishing grade \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone(s) \_\_\_\_\_

Health issues \_\_\_\_\_

Special needs/ medications, special foods, restrictions

\_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

In the event of an emergency, call: \_\_\_\_\_

\_\_\_\_\_

Name of insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

***Please include copy of insurance form***

I give my permission for my child named herein to participate in all the Quake activities for High School Friends, for the Illinois Yearly Meeting. I release Illinois Yearly Meeting and all those

working with the activities of this Quake/work weekend from liability for any injury or illness that my child may experience during this time. In the event of an emergency, I hereby authorize Yearly Meeting organizers to consent to any medical or surgical care advised by licensed health care providers. I hereby release Illinois Yearly Meeting and its representatives from any liability, legal or financial, for emergency care provided to my child. I expect to be informed as soon as possible of any problems.

**Parent Signature** \_\_\_\_\_

*Bring signed for to the meeting or e-mail to: Javaughn Fernanders at [jfernanders@gmail.com](mailto:jfernanders@gmail.com)*