

Ohio State Youth Conference Permission Slip

Registration due date is June 2nd, 2025

Please Print or Type

Youth Information Residence Hall_____ Rm#_____

Name_____ Age_____ ☐Male ☐Female

Address_____

City_____ State_____ Zip_____

High School _____ Year of Graduation_____

Congregation_____

Youth's Medical Information

Health Insurance Carrier_____ Carrier's Ph.#_____

Identification No._____ Group No._____

Prescription Ins. Carrier_____ Carrier's Ph.#_____

Identification No._____ Group No._____

Primary Care Physician_____ Physician Ph.#_____

Please list any medical conditions_____

Please list any prescribed or over the counter medication your youth is currently taking

Can we administer Tylenol, Aleve or any other over the counter medication to your child? ☐Yes ☐No

Is your youth allergic to any medication? ☐Yes ☐No

If yes, please list medication:_____

Is your youth allergic to certain food(s)? ☐Yes ☐No

If yes, please list food items:_____

Parent(s) or Guardians Information

Name_____ Relationship_____

Telephone_____ Work_____ Cell_____

Name_____ Relationship_____

Telephone_____ Work_____ Cell_____

In the event of an accident or serious illness, I understand that every effort will be made to contact me. However, in the event that I cannot be contacted, I hereby authorize the adult, in whose care the minor has been entrusted to secure proper medical attention. Furthermore, I hereby give consent for x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment to be rendered to the minor under the supervision and on the advise of a physician or dentist licensed under the provisions of the Medical Practice Act and on the staff of a licensed hospital.

Release of Liability

By signing this Wavier Form, I expressly warrant that I am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of participating in the activities, whether such risks are known or unknown to me at this time.

I further release the Ohio State Youth Conference and its facilitators from any claim that I have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitations) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives or assigns may have against the Ohio State Youth Conference or its facilitators.

In addition, we have read the youth conference rules for the Ohio State Youth Conference.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please bring the registration forms with you to the conference or scan them and email to osycinc@gmail.com

Payments can be made via Zelle, Cashapp (please provide screenshot of receipt for Zelle or cashapp email to osycinc.org), or cash onsite (church and personal checks will not be accepted).