

FLGBTQC Midwinter Gathering, Feb. 17-20, 2012

*Required Form for Participants under age 18:*

**REGISTRATION / SPONSORSHIP INFORMATION**

**This form must be filled out for each participant under age 18 who is attending.**

**Young Friend's name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age at time of gathering:** \_\_\_\_\_

**Parent(s)/Guardian(s):** \_\_\_\_\_

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

**City, State, ZIP:** \_\_\_\_\_

**Phones: Home:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Participant Sponsor's Name** \_\_\_\_\_  
(PRINT)

Cell Phone: \_\_\_\_\_ (with you at Midwinter Gathering)

As a parent, I have asked this sponsor to act on my behalf at the Gathering, which may include being alone with my child. Parent's/Guardian's Initials: \_\_\_\_\_

In the event of temporary absence from the Gathering, Sponsor is authorized to designate a Temporary Sponsor. Parent's/Guardian's Initials: \_\_\_\_\_

**Alternate Emergency Contact** (must be someone NOT at Gathering)

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime Telephone (include area code) \_\_\_\_\_

Evening Telephone (include area code) \_\_\_\_\_

**Permission and medical release for FLGBTQC Gathering Participants under age 18:**

I give permission for my child named above to participate in this year's Gathering and to participate in all planned program activities both on and off campus. I understand that my child will be expected to abide by all rules and guidelines. I hereby release FLGBTQC, its staff and volunteers, from liability for any injury or illness that my child may experience during the Gathering. In the event of an emergency, I hereby authorize Gathering staff and organizers, or the below named sponsor, to consent to any medical, surgical or psychiatric care advised by licensed health care providers. I hereby release FLGBTQC from any liability, legal or financial, for emergency care provided to my child. I expect to be informed as soon as possible.

Parent/Guardian's Signature (REQUIRED) \_\_\_\_\_

Date \_\_\_\_\_

**Special Needs**

To provide the best possible care for your child, the staff would like to know about your child's specific needs or circumstances, or significant recent life events. **Please attach a note for us.**

**Does your child have allergies?**

\_\_\_ No \_\_\_ Yes (specify) \_\_\_\_\_

**Health Insurance:**

List company name \_\_\_\_\_ Group # \_\_\_\_\_

Policy number \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_ No health insurance at present time