



**UW-WHITEWATER REGISTRATION AND
CONSENT FOR MEDICAL TREATMENT FORM**

Event Name:	Event Dates:
Youth Name:	Birthdate:
Grade	School:
Home Address:	City, State, Zip:
Day/ Cell Phone:	Home Phone:
Email:	Special Needs/ Comments
Custodial Parent/ Guardian Name:	Emergency Contact Name:
Emergency Contact Phone Number:	Emergency Contact Relationship:
Health Insurance Carrier:	Insurance Policy number:
Will the Registrant be Taking any Medication While Attending Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medication Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes to medication allergies, list
Non-Medication, Dietary or Other Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes to non-medication, dietary or other allergies, list
Are there any allergies require an EPIPEN injection: Yes <input type="checkbox"/> No <input type="checkbox"/>	Do any of the allergies require an Inhaler and Carried by Youth: Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the registrant have any of the following:	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Emotional Disorder
<input type="checkbox"/> Depression	<input type="checkbox"/> Fainting/ Dizzy Spells
<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Wear Glasses or Contacts
<input type="checkbox"/> Other Issue. <i>List in next Question</i>	
Other Health Issues/ Additional Information:	
Describe Any Limitations or Restriction of Event Activities; Write NONE if not Applicable:	

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UW-Whitewater Youth Event Health Form REGISTRATION AND CONSENT FOR MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter or ward will be under the age of 18 years while at the event, it is our policy to secure your agreement to all the following statements by signing below:

- I am giving my consent in advance for medical treatment at the appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct and up-to-date, and I will provide any and all significant material, or important changes to information in this form to event staff no later than check-in.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Whitewater, their officers, agents, and employees from any and all liability, loss, damage, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event.

Participant's Name: _____
(Please print)

Signature of Parent or Legal Guardian: _____

Date: _____

Office Use Only:

Amount Paid : <i>Please make check payable to UW-Whitewater</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Check <i>Please make check payable to UW-Whitewater</i> Check Number: _____	CES Staff Initials: _____
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