



2018 National UNITY Conference

San Diego, California

July 5-9

Town & Country Resort and Conference Center
500 Hotel Circle North, San Diego, CA 92108

Medical and Emergency Information and Liability Form

First Name: _____ Last Name: _____

Mailing Address: (Street and/or PO Box) _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Tribal Affiliation: _____

E-mail Address: _____

Phone: _____ Cell: _____

Youth Council/Group: _____

Advisor/Chaperone _____ Cell: _____ Email: _____

Emergency contact: _____ Relationship: _____

Emergency contact phone : _____ Email: _____

Youth Council/Group: _____

Advisor: _____ Cell: _____ Email: _____

Parent/Guardian name: _____ Relationship: _____

Parent/Guardian name: _____ Relationship: _____

Phone: _____ Email: _____

Medical Conditions : _____

Allergies: _____

Current Medications, dosage, instructions: _____

MEDICAL AUTHORIZATION AND LIABILITY RELEASE

If participant is a minor, this form must be signed by a parent or legal guardian. I hereby approve the participation of my son/daughter in the 2018 National UNITY Conference. In the event of illness or accident, I give my consent for him/her to receive medical attention. Also, I/we will not hold liable United National Indian Tribal Youth, Inc., nor any of its agents, volunteers or other organizations involved in this UNITY event, including, but not limited to Town & Country Resort and Conference Center, and other event facilities.

Signature of Parent/Guardian: _____ Date: _____

ADVISORS: Keep this form with you during the conference