



Inspiring Hope. Changing Lives.  
Since 1976

# 2019 UNITY Midyear Conference

Scottsdale, Arizona

February 15 - 18, 2019

Embassy Suites by Hilton Scottsdale Resort  
5001 N. Scottsdale Road, Scottsdale, Arizona, 85250

## 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 2019 UNITY Midyear 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 Embassy Suites by Hilton Scottsdale Resort, and other event facilities.

Signature of  
Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**ADVISORS: Keep this form with you during the conference**