



INDIVIDUAL RELEASE FORM

That Youth Thing® **MUST** have a completed copy of this form on file for every student **BEFORE** you arrive at camp.

PARTICIPANT INFORMATION

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

SSN _____ Medical Insurance Company _____

Policy Number _____ Policy Holder Name _____

PARENT/GUARDIAN INFORMATION

Father's Name _____

Mother's Name _____

Emergency Contact Number (day) _____

(evening) _____

This form is intended to serve as permission for anyone representing **That Youth Thing, inc.** to seek medical attention for the individual named on this form. It is further meant to serve as permission for medical professionals to deliver necessary medical care in the event of injury or illness.

By signing below, you indicate that you understand that **That Youth Thing, inc.** and its representatives shall not be held liable for any injuries or losses occurring between June 16-19, 2006 or between June 19-23, 2006.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

YES! You may use my teen(s) image in promotional material and on your website!

QUESTIONS? Call us toll free @ 877.443.3TYT