



MEDICAL RELEASE FORM

A completed form for all participants
needs to be in our office no later than:

NOV. 30 for CRAVE ONE
DEC. 15 for CRAVE TWO

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 December 27 – 30, 2006 or between January 12 – 15, 2007.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

QUESTIONS? Call us toll free @ 877.443.3TYT