



URBAN NATION REGISTRATION

Student Information

Name: _____ Age: _____

Name of Parent or Guardian (*If under 18*): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

E-mail: _____

Emergency Contact Information

Contact #1 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Relationship: _____

Medical Information

Family Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Insurance Company: _____ Policy #: _____

Please list any medications that will be used during your stay: _____

Please list any allergies (Medical, dietary, or other): _____

Please list any other medical conditions that Safehouse Outreach needs to be aware of: _____

I, the undersigned, do hereby consent to authorize and direct the leadership of Safehouse Outreach to obtain for my self/ child such medical care, treatment and hospitalization as they may deem necessary. I, the undersigned do hereby release, remiss and forever discharge the leadership and organization of Safehouse Outreach from any and all claims, demands, actions or cause of action, past present or future, arising out of any injury sustained. I, the undersigned give Safehouse Outreach permission to use my image for any promotional material, printed, video, and web.

Participant Signature

_____ **Date:** _____