

Baltimore Yearly Meeting **Youth Programs**
17100 Quaker Lane – Sandy Spring, MD 20860
fax 301-774-7087

Cost	\$40
Donation	+
Scholarship	-
Payment	

Junior Young Friends Registration

Complete this form
Send it to the office before each conference

Name _____ Conference Date _____

Date of Birth ____/____/____ Grade ____ Your Monthly Meeting _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone (JYF) _____

JYF e-mail address _____

Parent e-mail address _____

Are you ☐ Vegetarian or ☐ Vegan

My medical form is ☐ on file ☐ attached

My medical and emergency contact information ☐ has ☐ has not changed

I hereby give permission for my child named above to attend the above named Junior Young Friends Conference. I give the Baltimore Yearly Meeting staff and its volunteers permission to obtain emergency medical attention as needed, and will be responsible for costs incurred for any medical treatment. In the event that my child needs medication and is unable to administer it, I give permission for a staff member or volunteer to do so. I hereby release Baltimore Yearly Meeting, its staff, and its volunteers from liability for any injury or illness my child may sustain during such an event. If my child is taking prescribed medications I understand that it is their responsibility to take the correct dosage at the correct time. Failure to do so will result in their being asked to leave the conference immediately and I will be responsible for arranging their immediate pickup.

Signature _____ Date ____/____/____

Please Print Name _____

Relationship _____

Phone number where parent/guardian
can be reached this weekend _____

This form must be sent to the BYM Office before each conference. The Medical form will be kept on file for one year beginning with registration for the October Conference.