

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

Minimum Cost

\$50

*Donations above this amount are
gratefully accepted*

YOUNG FRIENDS REGISTRATION

Complete this form
Send it to the office before each conference

Name _____ Conference Date _____

Date of Birth ___/___/19___ Grade ___ Your Monthly Meeting _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Current e-mail address _____

Are You Vegetarian or Vegan

My medical form is on file attached

I hereby give permission for my son/daughter named above to attend the above named 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 son/daughter needs medication and is unable to administer it, I give permission for an adult 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 son/daughter may sustain during such an event. If my son/daughter is taking prescribed medications I understand that it is his/her responsibility to take the correct dosage at the correct time. Failure to do so will result in him/her being asked to leave the conference immediately and I will be responsible for arranging him/her to be picked up immediately.

Signature _____ Date ___/___/___

Please Print Name _____

Relationship _____

This form must be sent to the BYM Office before each conference. The Medical, Release and Agreement form will be kept on file for one year beginning with registration for Annual Session.