



PRESBYTERIAN YOUTH TRIENNium 2022

Participant Medical and Event Release Form

In order for your registration to be considered final, a signed form must be on file with the PYT National Registrar.
Please review, sign, and return to your registrar.
Youth participants must include parent/guardian signature.

Participant's Full Name:

(Please Print) _____

Emergency Contact Name:

(Please Print) _____ 1

Relationship to Participant

(Please Print) _____

Phone Number of Emergency Contact: _____

PYT Community Guidelines and Covenant:

I have read the guidelines, understand them and by signing this indicate that I will live, in community, with fellow PYT participants and staff by following the guidelines as they are presented. I understand that if I break the covenant or am unable to follow the guidelines I can be sent home, at my own expense.

Signature of

Participant: _____

*The community Guidelines can be found on line at

<https://triennium.myworshiptimes4.com/wp-content/uploads/sites/34/2018/05/Community-Guidelines-2019.pdf>

Critical Medical/Health Information

Allergies (please list) _____

Physical Conditions affecting mobility/hearing/sight/
etc.: _____

Medications requiring special dispensation or storage:

Health issues pertinent for PYT volunteers, leaders, housing staff to be aware:

Mental or Emotional issues for PYT volunteers, leaders, housing staff to be aware:

If more space is required please attach another page to this document

Any other information regarding THE Participant's health that would be helpful for us as we care for you/them during PYT?

Primary Care Physician's Name:

(Please Print) _____

Medical / Health Insurance Company and Name of Insured

Medical Insurance Policy # _____

Medical Insurance: the Triennium purchases a secondary medical insurance policy in order to cover any injuries or illnesses of participants/staff that occur while onsite at the event. This is a secondary policy only and meant for medical issues which occur during the event and to assist with incidents where the participants is un-insured or underinsured.

Media Wavier

By signing below I understand that my photo, video interview, electronic image might be used for PYT promotion, national youth ministry, educational and future publications.

Event Liability Waiver

By signing below I acknowledge that I release the Presbyterian Youth Triennium event and the two sponsoring denominations, from liability and legal action stemming from my own actions, or my child's behavior, injury and/or activity

Signature Intent

I, _____

Acknowledge that I have read, understand and have signed this form in preparation to attend and participate in the 2022 Presbyterian Youth Triennium. **By signing I also give permission for my child / minor charge to be given medical treatment, medical assistance, assessment and surgery or life saving measures if needed:**

Parent/Guardian Signature:

*All youth participants must have a parent/guardian signature

For the Registrar

- Please make sure this form has been signed by the participant and parent (if participant is a youth participant)
- Please make two copies, one for you and one for the lead traveling adult leader/
- **Please alphabetize your sent of signed forms and, return to the national PYT office by May 2022. Registration is not complete until medical forms have been returned to the PYT office**