



Participant Form

Participant Information

Name: (Last) _____ (First) _____
Date of Birth ___/___/___ Age: ___ Sex: ___
Home Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Work Phone: _____
Grade (youth): _____
Your Church: _____
Address: _____
City: _____ State: ___ ZIP: _____
In Case of Emergency, please contact: _____
Day Phone: _____ Night Phone: _____

Medical Profile

Generally, my health is: (Check one) ___ Excellent ___ Good ___ Fair ___ Poor
If FAIR or POOR, please explain your condition: _____
List any medical difficulties for which you are CURRENTLY being treated:

List any medication you are CURRENTLY taking:

List any medicines or substances to which you are ALLERGIC:

Family Physician: _____ Telephone: _____
Physicians Address: _____
Date of Tetanus Immunization: ___/___/___ (Must be within the last 10 years)
Insurance Company: _____
Address: _____
Policy or Group # _____
Subscriber Name: _____ Subscriber Number: _____
Place of Employment: _____ Subscriber Occupation: _____
Work Phone: _____

Authorization for Treatment/Release of All Claims

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the ReConstruct, Inc. Project Coordinator and the physician or hospital staff during the ReConstruct, Inc. Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, officers, employees and agents of ReConstruct, Inc. from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Model Release

I further understand that ReConstruct, Inc. uses photographs, videotapes and other images and voice reproductions of participants in materials such as promotions of its charitable purposes. I hereby give ReConstruct, Inc. and its representatives and agents absolute permission to use such pictures, images and voice reproductions of participant for any purpose and media, and waive any proprietary, personal or other right to inspect and pre-approve such use. I also release and hold ReConstruct, Inc. and its representatives and agents harmless from any and all claims of blurring or distortion or alteration of such images or voice, whether intentional or otherwise.

Please complete and sign below. **(Youth under 18 requires parent/custodial signatures.)**

Participant Signature _____ Date: ___/___/___
Parent/Custodial Signature _____ Date: ___/___/___