

Xpress Youth Development Institute, Inc.
Application and Disclaimer



Please complete this form in its entirety, per child. This information is necessary should we need to or fail to contact you in your absence. No child will be allowed to participate with the Xpress Youth Development Institute, Inc., Xpress Academy, Xpress Track Club programs without this form being approved, completed and signed by the parent or guardian. The information on this form is considered confidential and will not be shared without your consent. This waiver is in the event neither parent nor guardian can be reached for consent for treatment in case of emergency.

I _____ give permission for my child to go on field trips, and acquire mentoring.

Parent/Guardian Name, Please Print

Also, to participate in practical social skills events, recreational & educational events, and competitive sports events.

PERMISSION IS GRANTED FOR: _____

Child Name, Please Print

This disclaimer allows said child to participate in activities indulged and managed by Xpress Academy, Pompano Xpress Track Club, Xpress Youth Development Institute, Inc., The City of Pompano Beach, The School Board of Broward County and/or any of its affiliates are held harmless of liability, from accidents, injuries, Covid Viruses or any other infectious diseases as long as safety precautions and procedures have been taken and obeyed.

Address: _____

Phone: _____

Child's Date of Birth: _____

Sex: M / F Age: _____

Child's Allergies: _____

Conditions requiring special consideration (emotional, mental or physical): _____

Does this child take: Epipen **Yes** **No** Inhaler: **Yes** **No**

ANY MEDICATION CURRENTLY TAKING: (Type of Medication) _____

Date of Child's last Physical Examination: _____

Emergency Contact Name: _____

Relationship to child: _____

Emergency Contact Phone: _____

Child's Physician Name: _____

Physician's Phone #: _____

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child.

HEALTH INSURANCE INFORMATION:

Company Name: _____

Policy #: _____ Group #: _____

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____ Date: _____