

Permission and Medical Release Form

Event Details (to be filled out by event planner)

Event	Date(s) of event
Aikido Shugenkai Summer School	July 29, 2018 – Aug 4, 2018

Describe event and activities (please be specific).

Aikido Shugenkai Summer School 2018 July 30 – Aug 3,
 Lodging location 26855 East Elk Park Road, Welches OR 97067
 Dojo location Mt Hood Village RV, 6500 E HWY 6 Welches OR 97067
 Summer School details and cost are at our website aikidoofvancouver.com under events, Summer School 2018
 If you have question please call or text
 Mark Sohm, 360-606-6951, Dat Tran 360-261-3708 or Kelley Robins 360-254-4825

Participant Information

Participant	Date of birth	Age
Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Address	City	State/province
Emergency contact (parent or guardian)	Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Medical Information

Does the participant require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the dietary restrictions.
Does the participant have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the allergies.
Is the participant taking any medication or over-the-counter (OTC) drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, can the participant self-administer his or her medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please contact the event or activity leader directly.
List all prescription or over-the-counter (OTC) medications the participant is taking	

Physical Conditions That Limit Activity

Does the participant have a chronic or recurring illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Has the participant had surgery or a serious illness in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Identify any other limits, restrictions, or disabilities that could prevent the participant from fully participating in the event or activity (attach additional pages if needed)	

Other Accommodations or Special Needs

Identify any other needs or considerations the participant has that the event or activity planner should be aware of (attach additional pages if needed).

Permission:

I give permission for my child/youth to participate in the event and activities listed above (unless noted) and authorized the adult leaders supervising this even to administer emergency treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary emergent medical care. This authorization shall cover the event and travel to and from the venue. I release Clark County YMCA, Aikido of Vancouver and Shugenkai, Intl. from liability for this activity.

The participant is responsible for his or her own conduct and is aware of and agrees to abide by the standards, safety rules and other pertinent instructions. Parents and participants should understand that participation in an activity is not a right but a privilege that can be revoked if they behave inappropriately or if they pose a risk to themselves or others.

Participant's signature	Date
Parent or guardian's signature (if necessary)	Date