



## Participant Form

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Relationship to Youth:  Mother  Father  Other, Specify: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Youth Age: \_\_\_\_\_

Ethnicity:  White  Hispanic  African American  Asian  Other

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Medical History

Primary Care Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy No.: \_\_\_\_\_

- Does your daughter have any physical problems or limitations?

Yes  No

- Is your daughter currently receiving treatment for any medical issues?

Yes  No

- Is she currently on any type of medication? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Does your daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Does your daughter have any emotional issues or problems we should be aware of?

Yes  No

- Is your daughter currently seeing a counselor or therapist?

Therapist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Parent Permission Form/Hold Harmless Agreement

I, the undersigned, acknowledge and give approval for my child to participate in programs or receive services through My Daughter's Keeper of Tampa Bay, Inc. (MDK). By signing this Parent Consent Form/Hold Harmless Agreement, I am giving permission for my child to volunteer and/or participate in activities hosted by MDK. I also grant MDK permission to use photos of my child for media or promotional purposes only.

I understand that all information pertaining to my child participation will be protected by regulations that govern the exchange of confidential information. I further understand that I can revoke this consent at any time if requested in writing, except to the extent that the agreement has already been acted on by MDK and/or its affiliates.

I understand that even when every reasonable precaution is taken, accidents can sometimes occur. Therefore, in exchange for MDK allowing my child to participate in its programs, I understand and expressly acknowledge that I release MDK, its board and staff members, volunteers, host venues, and consultants from all liability for any injury, loss or damage connected in any way whatsoever to my child participation in MDK programs, whether on or off the MDK premises. I understand that this release includes any claims based on negligence, action or inaction of MDK, its staff, directors, volunteers and consultants. I have read and am voluntarily signing this parental consent form and agreement on behalf of my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff initials



## Photo Release Form – Adult

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I hereby grant permission to use photographs or to be photographed, voluntarily and without compensation, in print or online materials designed for news, informational or educational purposes related to **My Daughter's Keeper of Tampa Bay, Inc** understanding that the same is intended for publication by print media, newspaper or video.

I additionally consent to the use of my name in connection with the publication by print media, newspaper, video, or of photographs taken of me.

I hereby release and discharge **My Daughter's Keeper of Tampa Bay, Inc.** from any and all claims arising out of the use of the photos, or any right that I or the minor may have.

_____ First Name	_____ Last Name
_____ Street or Mailing Address	
_____ Telephone Number	_____ Email Address
_____ Signature	_____ Date

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## Photo Release Form – Minor

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I hereby grant permission to use photographs of my minor child in print or online materials designed for news, informational or educational purposes related to **My Daughter's Keeper of Tampa Bay, Inc.** voluntarily and without compensation.

I additionally consent to the use of my child's name in connection with the publication by print media, newspaper, and video or of photographs taken of him /her.

_____ Child's First Name	_____ Child's Last Name
_____ Parent/Guardian First Name	_____ Parent/Guardian Last Name
_____ Street or Mailing Address	
_____ Telephone Number	_____ Relationship to Minor
_____ Parent/Guardian Signature	_____ Date