



YOUNG EASTIES PROGRAM

YOUTH REGISTRATION & MEDICAL RELEASE FORM

This form must be completed for each youth participant. (Please use a separate form for each youth participant.) If a parent/guardian or other family member wants to participate, they should complete the applicable portion of this form. This form must be signed by the youth participant, the parent/guardian of the youth participant, and the adult participant if different than the parent/guardian. Please provide complete information. Please print entries, except where signatures are required.

Date of Event: _____

Name of youth participant: _____

Date of birth: _____ Age: ____ Phone: _____

Email: _____

Youth participant T-shirt size _____ (please note if adult or youth size)

Home address: _____ Apt./Ste: _____

City _____ State _____ Zip _____

Doctor's name: _____ Phone: _____

Dentist's name: _____ Phone: _____

Health Insurance Company: _____

Group #: _____ Plan #: _____

One adult family member (parent/grandparent/aunt/uncle/sibling) may participate with the youth with the approval of the youth's parent/guardian. An adult participant is not required (enter N/A if no adult will participate).

Adult participant name _____ relationship _____

Parents or guardians should complete the following medical information and sign the release on this and the next page. Use additional pages if needed.

1. Are there any health problems/issues the staff should know about?

2. Are there any allergies?

3. Are there any medication(s) that should be taken during the event? (Please provide name(s) of medication(s), dosage, and frequency if not listed on the medication.) Please provide sufficient supply for the event.

4. Are there any dietary restrictions the staff should know about?

5. Are there any other activity restrictions for the youth participant?

Emergency contact during the event:

Name: _____ Relationship: _____

Phone: _____ 2nd phone: _____

The parent(s)/legal guardian(s) of youth participants are required to disclose their intention to bring medications to the FEBT Young Easties Program, especially to treat potentially life-threatening conditions (i.e. inhalers, EPI-pens, insulin injections). Upon arrival to the FEBT Young Easties Program, parent(s)/legal guardian(s) should plan to meet with a member of the FEBT Young Easties Program staff at registration to review medication issues for a youth participant.

All medications (prescription and over-the-counter) must be clearly labeled with the youth participant's name.

Prescription medication(s) must also include a label with the medication's name and dosage instructions, as well as the prescribing physician's name and telephone number.

The need for emergency medication may require that a youth participant carry the medication on his/her person or that it be easily accessed (i.e. inhalers, EPI-pens, insulin injections).

It is NOT permissible for a youth participant to share any medications with any other participants.

It is the responsibility of the parent(s)/legal guardian(s) to be sure that the participant's medications brought to the FEBT Young Easties Program are not left behind at the end of the Program.

I hereby authorize the FEBT Young Easties Program staff and EBT Foundation staff to obtain or authorize medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor child. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the FEBT Young Easties Program. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for FEBT Young Easties Program staff and EBT Foundation staff to authorize any necessary emergency treatment. I agree to the release of records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. I may be responsible to submit any claims to my health insurance carrier for reimbursement. I understand that the FEBT Young Easties Program and EBT Foundation do not provide medical insurance to cover emergency care or medical treatment of my child. I understand that, in accordance with FEBT Young Easties Program policy, any medication(s) should be given at home before and/or after the FEBT Young Easties Program. However, when this is not possible, and medications will be brought to the FEBT Young Easties Program, I agree to the provisions outlined above relating to the management of medications.

Parent/guardian name: _____ Phone: _____

Parent/guardian signature: _____

Date: _____

PLEASE READ AND SIGN THE FOLLOWING EXPECTATIONS OF PARTICIPANTS

1. Any use of illegal drugs, tobacco products and/or alcohol is strictly prohibited during the event.
2. No visitors will be allowed during the event. A visitor is defined as a person who is unexpected, not registered and/or does not contribute to the event.
3. No one will be permitted to leave the site of the event without the permission of the staff and Youth Program leaders.
4. Public displays of affection are a distraction from the event, and will not be allowed.
5. Offensive and off-color language and conversations will not be allowed.

Expectations of participants: Participants will accept responsibility for their own behavior and property; will respect the feelings, beliefs and property of others; will participate actively in all activities; will listen to and respect the staff and FEBT Young Easties Program leaders; and will obey all rules (especially safety practices and rules) as are set by the staff and FEBT Young Easties Program leaders.

Participants who break the rules set forth above will be sent home from the event.

The staff and FEBT Young Easties Program leaders in charge of the event will make all decisions concerning sending anyone home. If a participant is to be sent home, it will be the responsibility of his/her parent(s)/guardian(s) or an adult designated by a parent/guardian to pick up the participant as soon as possible.

By my/our signature(s) below, I signify that I hereby agree to abide by all the rules and safety practices of the event. I fully understand the consequences if rules and/or safety practices are broken.

Signature of youth participant: _____

Date: _____

Signature of parent/guardian: _____

Date: _____

Signature of adult participant: _____

Date: _____

RELEASE AGREEMENT

Dear parents and guardians,

We want to inform you of our safety precautions during the FEBT's Young Easties Program events.

Your youth will be required by our staff and FEBT Young Easties Program leaders to wear safety equipment for activities requiring such gear. (We assure you that staff and FEBT Young Easties Program leaders will model good behavior and practices by wearing such gear ourselves.)

Even with safety equipment and our well-trained and experienced staff present, we want you to realize that the railroad environment carries with it inherent risks and dangers, risks and dangers that we will take great care to point out as part of our safety briefing, with which we will begin the day's activities. We want you to realize that no amount of care, caution, instruction or expertise can totally eliminate all hazards and dangers of the railroad environment.

In signing this document, I hereby certify that I give permission for my son/daughter to participate in FEBT's Young Easties Program.

I understand that photographs and videos may be taken during the event. Unless otherwise indicated by my initials below, I hereby give permission for the use of such photography and videos of my son/daughter for publicity purposes and for promotions of future events. Photos and videos may be posted on FEBT's website, or on other social-media venues.

*Parent/guardian's initials, if permission **is not** granted: _____*

In addition, I hereby give permission for my son/daughter to be transported in approved vehicles to/from medical facilities, if necessary.

I give permission for the named adult to participate with my son/daughter in FEBT's Young Easties Program.

ACKNOWLEDGEMENT OF RISKS, RELEASE OF CLAIMS AND WAIVERS OF LIABILITY

The undersigned understands there are some risks associated with my participation in activities at the FEBT Young Easties Program Event. These risks or dangers may result in damage or loss of property and/or personal injury.

The Friends of the East Broad Top and the East Broad Top Foundation, and all staff and all others acting for or on behalf of the Friends of the East Broad Top, and the East Broad Top Foundation (all collectively the “Program Facilitators & Staff”) assume no responsibility for the undersigned’s assumption of risk.

The undersigned for myself, my heirs, personal representatives, successors or assigns, waives and releases any and all rights, claims, actions or causes of action of any nature I may have against the Program Facilitators & Staff and any of the entities’ officers, employees or representatives for any and all injuries, damages or losses of any nature that I may suffer as a result of participating in activities at the FEBT Young Easties Program. I will not hold the Program Facilitators & Staff responsible for any injuries, damages or losses incurred by me as a result of my participation in activities at the FEBT Young Easties Program.

MY SIGNATURE BELOW ON BEHALF OF MYSELF OR AS PARENT OR GUARDIAN OF THE CHILDREN LISTED BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO ABIDE BY ITS TERMS.

Event date: _____

Youth participant name: _____

Parent/guardian name: _____

Parent/guardian signature: _____

Date: _____

Adult participant name: _____

Signature of adult participant: _____

Date: _____

Friends of the East Broad Top, Inc. works closely with but is distinct from the EBT Foundation, Inc. Friends of the East Broad Top, Inc. is not affiliated with the East Broad Top Railroad & Coal Co., its corporate predecessors, parent company, nor the East Broad Top Preservation Association.