EMERGENCY CONTACT /MEDICAL HISTORY

Emergency Contact (parent/guardian)_____Relationship_____

Emergency contact Home phone (_____) _____ Cell phone (_____) _____

Insurance Company _____ Plan_____ Policy#_____

Physician _____ Telephone (_____) _____

Medications currently being taken? _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Identifying Marks _____ Date last tetnus shot_____

Physical Limitations or Disabilities _____

Normal Glasses _____ Yes _____ No Contacts _____ Yes _____ No

Are you allergic to: Penicillin _____ Sulfa _____ Foods _____ Pollens _____ Other _____

To the best of my knowledge, the above information provided is true and correct.

I, the parent or legal guardian of _____ give permission for emergency medical treatment of my daughter, or son for illness or accident if I cannot be first contacted. I further give permission for the release of the above information as required for emergency medical care.

_____ Date _____

Signature of parent or legal guardian

LIABILITY / MEDICAL RELEASE

If injured while traveling to or from (by public, private, or any other means of conveyance) or while residing at and participating in programs of the Oklahoma/NRA Youth Hunter Education Challenge programs or any auxiliary facilities, (1) participant, coach, volunteer staff member agree to waive any legal claim against the Oklahoma YHEC program or the NRA/HEA, its officers, agents, employees, sponsors, and the state of Oklahoma. Participant, coach, or staff member hereby expressly assumes any and all risks associated with the discharge of firearms, hunting, or other outdoor activities. Participant, coach or volunteer staff member (and their families) agree to indemnify and hold harmless from and against any and all losses, expense, damages, injuries, and liabilities and claims (including attorney's fees, court costs, and settlement costs) arising out of relating to a participant's, coach's, or volunteer staff member's breach of this Release or any act of omission of participant whatsoever, (2) Participant, coach, volunteer staff member hereby gives consent for the Oklahoma YHEC state sponsor to provide medical / athletic training attentions, transportation, and emergency medical services as warranted. If the program includes physiological and /or biomechanical evaluations, further consent is given to these evaluations which pose no unusual risks or hazards when customary safeguards are observed. In signing this release, it is sworn that participant, coach, volunteer staff member is in good physical condition and is not aware of any disease or injury that would result in injury during program participation. If less than 18 years of age or minor under the laws of the state in which you live, parent or legal guardian shall sign this releases. I understand that as a registered participant in the Oklahoma Youth Hunter Education Challenge, I will not possess or consume ALCHOLIC BEVERAGES, TOBACCO PRODUCTS, OR ILLEGAL DRUGS on the premises, I further understand and agree to abide by the general rules of conduct prescribed for guests of the Oklahoma YHEC and that violations may and will result in denial of Oklahoma YHEC privileges.

_____ _____ _____

Signature of Participant ***Signature of Parent of Legal Guardian*** ***Date***

RETURN THIS FORM AND $20.00 for Regional or $25.00 for State ENTRY FEE, WITH A COPY OF BIRTH CERTIFICATE AND COPY OF HUNTER EDUCATION CERTIFICATION CARD, NO LATER THAN 1 WEEK PRIOR TO SELECTED EVENT.

$10 LATE FEE accessed for all entries not received one week prior to the event!!!!

Make checks payable to: Oklahoma YHEC. **DO NOT SEND CASH!!**

Mail to: The Event Director of event(s) you plan to attend.

If you are unable to attend, contact Event Director, fee is **NOT** transferable or refundable.