

Name \_\_\_\_\_

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# THE BARON'S MEN

## 2017 Summer Youth Workshop Consent Form Instructions

**Here's the first step to a week of adventure!**

### **Instructions:**

1. Type or print clearly using black or blue ink. Continue questions on a new page if your answers are longer than the space provided. Clearly label the additions.
2. Ensure that you have filled out the medical form in its entirety.
3. Make sure that you have signed the insect repellent/sunscreen waiver if you want your child to be able to apply these throughout the day.
4. Ensure that you have filled out Media Release Form in its entirety.
5. Be sure to put your name and the event name on the top of each page of your packet.
6. Send in your completed registration packet. There are two ways:
  - a. Scan and email the completed consent form packet to [workshop@thebaronsmen.org](mailto:workshop@thebaronsmen.org)
  - b. Send your completed consent form packet via snail mail to  
The Baron's Men  
2017 Summer Youth Workshop  
P.O. Box 9255  
Austin, TX 78766

Name \_\_\_\_\_

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# Insect Repellent/ Sunscreen Form

## 1. Insect Repellent:

I will be sending my child \_\_\_\_\_ with labeled insect repellent to apply throughout the day. I understand that the camp staff cannot apply this to my child's skin, and my child will have to apply it.

Yes  No

I have read the event descriptions and feel I am able to participate in the events I selected. If I am selected, I have definite intentions of attending the event and plan to accept participation.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 2. Sunscreen:

I will be sending my child \_\_\_\_\_ with labeled sunscreen to apply throughout the day. I understand that the camp staff cannot apply this to my child's skin, and my child will have to apply it.

Yes  No

I have read the event descriptions and feel I am able to participate in the events I selected. If I am selected, I have definite intentions of attending the event and plan to accept participation.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Name \_\_\_\_\_

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## Summer Youth Workshop Waiver/Medical Authorization

1. **AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS** – I authorize minor medical treatment, such as ice packs, Band Aids, pain relievers, etc., and grant parental permission, as allowed under the law, for provision of emergency medical, dental, and hospital services. In such cases, this form acts as a legal document giving permission for an authorized The Baron’s Men Summer Youth Workshop representative to authorize treatment in your absence. However, a child may be treated without parental consent when a physician determines the child needs immediate medical care and that any attempt to obtain parental consent would result in a delay which would increase the risk to the child’s health or life. Finally, I accept full financial responsibility, for all costs, charges, and fees associated with the transportation of my child and for the treatment provided by the medical care facility to my child and absolutely and unconditionally agree to indemnify and to hold The Baron’s Men Summer Youth Workshop harmless from all such costs, charges, and fees.

Parent/Legal Guardian Initials \_\_\_\_\_

2. **ALLERGIES** – Please list any allergies your child may have. When in doubt, please list.

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

Does your child require an EpiPen? \_\_\_\_\_ Does your child require an inhaler? \_\_\_\_\_

3. List any factor(s) that makes it advisable for your child to follow a limited program of physical activity. (i.e.: heart condition, recent fractures, surgery, asthma, extreme fears, etc.) \_\_\_\_\_

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

4. Will your child need any medications administered during the workshop? \_\_\_\_\_

If so, please provide the complete name, dosage, and directions for each medicine below.

**ALL WORKSHOP ATTENDEES MUST BE ABLE TO SELF-MEDICATE/PROVIDE A DOCTOR’S NOTE FOR ALL MEDICATIONS.**

| MEDICATION | DOSAGE | DIRECTIONS |
|------------|--------|------------|
|            |        |            |
|            |        |            |
|            |        |            |

Physician’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please read and initial consent to the following:**

\_\_\_\_\_ I give permission for my child to self-administer his/her inhaler.

\_\_\_\_\_ I give permission for my child to self-administer his/her EpiPen as prescribed by a physician.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name \_\_\_\_\_

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## Release Form for Media Recording

I, the undersigned, do hereby grant to the THE BARON'S MEN, its employees, contractors or agents, the right to take photographs, videotape, or digital recordings of me and/or my child (the "Images") in conjunction with the scheduled SUMMER YOUTH WORKSHOP, including, but not limited to all rehearsals, meetings, and performances. I hereby consent to the use of the Images, with or without my name and other identifying information, in any and all media, now or hereafter known, for the purpose of marketing, education, or merchandising.

I hereby grant to THE BARON'S MEN, its agents, contractors, and employees all rights to exhibit the Images in print and/or electronic form, publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand and agree that I will receive no financial or other remuneration in connection with the Images.

I also understand that THE BARON'S MEN is not responsible for any expense or liability incurred by me as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result, and I hereby waive any and all claims against THE BARON'S MEN for any such expenses of liabilities.

I represent that I have read and understand the foregoing statement, and am competent to execute this agreement.

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Parent/Legal Guardian's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_