



**Dioceses of New York and Charleston & the Mid-Atlantic  
Parish Life Conference**

Hosted By: St. Mary Church (Hunt Valley, MD)

**Antiochian Village Heritage & Conference Center ~ June 27 - 30, 2024**

**Kid's Club Medical Form**

**Please Use One Form Per Attendee Per Off-Site Event**

*All children attending Kid's Club must be registered for the Dioceses of New York and Charleston & and the Mid-Atlantic Parish Life Conference and purchase Kid's Club for the desired day(s) and pay appropriate rate.*

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Male  Female

Parent/Guardian's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

*Please Select which days your child will be attending Kid's Club:*

Thursday  Friday  Saturday

**CHILD HEALTH INFORMATION:**

**Any Known Allergies that this Child has (Food, Medications, Insects, etc.):**

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**Current Medications this Child Is Taking and the Reason for this Medication:**

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If this Child is taking any medications the undersigned Parent/Guardian must administer these medications. No staff member of Kids Club or the Parish Life Conference, or any other person will be allowed to administer medications to this Child. **This will be the sole responsibility of the undersigned Parent/Guardian.**

**Other Health Issues We Should Know About:**

The undersigned does hereby indemnify and hold harmless St. Mary Church Hunt Valley Maryland Antiochian Orthodox Church, the Dioceses of New York and Charleston & and the Mid-Atlantic, and the Antiochian Orthodox Christian Archdiocese of North America, and their respective Trustees, hierarchs, clergy, members, agents, affiliates, parishioners, guarantors, employees, and/or any assigns thereof, for any and all liability, costs, expenses, incidents and/or occurrences resulting from the undersigned Parent/Guardian's actions, and/or inactions hereinunder (as the case may be) regarding this Child, while attending the Dioceses of New York and Charleston & and the Mid-Atlantic, whether such liability, costs, expenses, incidents and/or occurrences happens to this Child and whether such liability, costs, expenses, incidents and/or occurrences happens either on or off the Conference premises.

\_\_\_\_\_  
Signature of Parent/Guardian Relationship Date

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Signature of Parent/Guardian Relationship Date