



Youth Registration Form

Health Screening and Activity Registration & Liability Release



The King Center and Aetna presents:
The Health and Wellness Forum



Saturday, January 10, 2009 11:00 a.m. – 4:00 p.m.
The King Historic District

(PLEASE PRINT)

NAME (FIRST/LAST) _____

NAME OF SCHOOL _____ COUNTY _____

EMAIL ADDRESS: _____

PHONE _____ FAX _____

Gender (check appropriate boxes) Male Female Age Under 18 Over 18

(PLEASE READ AND SIGN BELOW)

I agree to participate in the screening and/ or activities during the 2009 Health & Wellness Forum. The intent of the screening is to test my blood, vital signs, and/ or examine physical body parts as listed below. I understand that the test results and or exams will not provide me with a diagnosis of any condition and that I need to consult with a physician or healthcare provider about any medical concerns. I understand that if I have any abnormal test results, I will take them to my physician or health care provider.

Also, I freely choose to participate in any activities and I understand that some activities may include physical strain and possible muscle soreness. If my physician has recommended that I avoid strenuous activity or limit my activity in any way, I understand my participation means I accept any risks that may occur as a result. If I have reservations about being able to perform any of the activities, I will not participate or only perform tasks that I am comfortable doing.

I understand that by signing this form, I release the King Center, participating partners and organizations, and persons conducting the screenings and activities from all liability arising from or in any way connected to these screenings and activities that I have chosen to participate in today.

Confidentiality: I understand that any information I give will remain private and will be released only with my permission.

Screenings/ Test/ Activities

(Check all you plan to participate)

<input type="checkbox"/> Youth's Expo	<input type="checkbox"/> Blood Cholesterol	<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Dental
<input type="checkbox"/> Blood Sugar	<input type="checkbox"/> Body Mass Index	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Vision
<input type="checkbox"/> Vital Signs	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Lung Function	<input type="checkbox"/> Sickle Cell
<input type="checkbox"/> Massage Therapy	<input type="checkbox"/> Aerobics	<input type="checkbox"/> Strengthening	<input type="checkbox"/> Dance/ Stepping

Signature (Parent or Guardian if under 18 years)

Date

(Print Your Name)

(Print Child's Name if Parent or Guardian)

Please send registration form to The King Center at 449 Auburn Ave. Atlanta, GA 30312 or fax to 404-526-8965. For more information please call 404.526.8961 or 404.526.8967 or visit www.thekingcenter.org.