



Las Lomas Model UN Conference Delegate Registration Form

Delegate's full name: _____

School/club/independent delegate: _____

Date of birth: _____ Gender: _____

Phone: _(____)_____

Emergency Contact #1:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _(____)_____ Relationship to delegate: _____

Emergency Contact #2:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _(____)_____ Relationship to delegate: _____

Medical Information:

Allergies: _____

Medications: _____

Medical Provider Medical ID: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____

In the event of emergency, I authorize the Las Lomas High School Model United Nations, its secretariat, chairs, staff, and other designees to provide the information herein to any medical or emergency personnel in the event medical treatment is necessary.

I also release Las Lomas High School and the Las Lomas Model United Nations, its secretariat, chairs, and other representatives from liability of whatever kind for their actions and/or inactions in connection with the preparation and conduct of the Las Lomas Model United Nations Conference. I agree to indemnify and hold harmless the Las Lomas Model United Nations from any and all claims, demands, or suits resulting in attendance at the conference.

Signature: _____

Date: _____

Signature of parent (if below age 18): _____