

Christ's Church of the Valley Registration & Medical Release Form



PERSONAL INFORMATION

Name _____

Parent's Names _____

Address _____

City _____ Zip _____

Email _____ Sex M / F

Phone # _____ Cell Phone # _____

School in Fall of 2010 _____

Region Attending (Circle One): North South East West Not Sure

Grade Fall of 2010 (Circle One): 9 10 11 12 13

Roommate choice(s) (2 People Max) :

INSURANCE AND MEDICAL INFORMATION

Emergency contact: _____

Phone: _____ Cell: _____

Medical Insurance Provider: _____

Policy #: _____

Medications to be taken on trip? _____

List all allergies: _____

List all

medications: _____

PARENTAL CONSENT

I, the undersigned parent/guardian of the named child above, give my son/daughter permission to participate in the named activity. I hereby authorize the adult leader of this activity to take the named child to a medical doctor for examination and treatment of any accident or illness that may arise during the term of the said activity. I hereby authorize any physician, nurse, medical authority and/or hospital to administer proper treatment for my child. In consideration of this acceptance, Christ's Church of the Valley is hereby released and relieved for Liability for accident and injury to said child arising from any and all activities of this event.

Name: _____ Date: _____

Signature: _____