

FILL OUT AND RETURN THIS PAGE WITH \$170 BY Nov. 30th TO SIGN UP

STUDENT NAME: _____

CURRENT GRADE: _____

HOODED SWEATSHIRT SIZE: **S** **M** **L** **XL** **2XL** **3XL**

STREET ADDRESS: _____ **CITY, STATE, ZIP:** _____

PAYMENT TYPE: **Cash** **Check**

DATE OF BIRTH: _____

FOOD/MEDICAL ALLERGIES: _____

OTHER DIETARY RESTRICTIONS: _____

LIST DAILY MEDICATION(S): _____

COVERED BY INSURANCE? Yes No IF YES, NAME THE INSURER: _____

POLICY OR GROUP NUMBER: _____

INSURER PHONE NUMBER (on back of card): _____

Activities Consent & Medical Release: *I acknowledge that participation in activities with Calvary Bible Fellowship Church involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In consideration for the opportunity to participate in the activities with Calvary Bible Fellowship Church, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from church activities. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives. Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.*

I also give permission for Calvary Bible Fellowship Church and Illuminate Student Ministry to use photographs or videos taken during the event to highlight and promote the fun and meaningful moments had by all.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PRINTED NAME OF PARENT OR GUARDIAN

PHONE NUMBER

PRINT NAME OF ALT. EMERGENCY CONTACT

PHONE NUMBER