

New Life CRC Cadet Club 5620
2016/2017 Trips & Events
Permission Slip, Medical Release
and Registration Form



Boy's Name _____

Age _____ Date of Birth _____

School Grade _____ Name of School _____

Phone _____

Address _____

City _____ State _____ Postal _____

Name of your Church _____

Parent/Gardian Information

Mother's Name _____ Father's Name _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Emergency Contact (If parent cannot be reached)

Name _____ (Relation) _____

Phone# Home- _____ Cell- _____

Emergency Information

Doctor's Name _____ Phone# _____

Insurance Company _____

Group # _____ Subscriber ID # _____

Please list any medical conditions, medications and / or allergies that we should be aware of.

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I, _____, do hereby give my permission for my son _____ to go on any Cadet Trips from Sept. 1, 2015 through Aug. 31, 2016. I release New Life CRC, New Life CRC Cadet leaders and volunteers, and the sponsors of this event from liability for any accident that may occur during the event, or while traveling to, from, and during youth trips. It is my understanding that these trips and activities are approved by the church and will be appropriately chaperoned by adult leaders and parents.

Additionally, in the event that my child becomes ill or sustains an injury during any one of these trips or events, I give my permission to those in charge to take the necessary steps in administering proper medical treatment. In the event that I cannot be reached by phone, I consent to the administration of treatment to be rendered to my child upon the advice of a duly-licensed physician and/or surgeon.

I understand that I am giving permission for my son to engage in these trips and all activities, and I will not hold the staff, New Life CRC, New Life CRC Cadets or sponsors responsible for any incident occurring to my child resulting from reasonable activities during these events.

I give my permission for my child's photo to be included on the website and Facebook pages for New Life CRC Cadets. I understand that this information is located on the internet and can be seen by people with internet access. For security reasons, names will not be used.

Signature of Parent or Guardian

Relationship _____ Date _____

Fees:	Registration (Includes shirt, book, project materials)	\$25
	Fall Campout	\$10

Please make checks payable to: _____ Paid: Yes/No _____ Check No. _____
New Life Christian Reformed Church