

FOR ALL YOUTH! INVITE FRIENDS!

THURSDAY JUNE 11 5-9 PM

WE ARE GOING TO CHESTERFIELD SPORTS FUSION.

THEY HAVE:

LASER TAG

CLIMBING WALL

MINI-GOLF

INFLATABLES

AND MUCH MORE!

BRING \$20 OR MORE FOR GAME CARDS
PLUS MONEY FOR SNACKS

SIGN UP BY SUNDAY JUNE 7 SO WE CAN PLAN FOR TRANSPORTATION
BRING THIS FORM WITH YOU TO THE EVENT

Event

<u>Event Date</u> Personal Health History / Medical Release Form

Name				Date o		Age			
				Today I Came with					
Name of Parent or Gua	rdian				т	elephone			
Home Address							Zip		
Check all items that ap	ply, past	or prese	ent, to y	our health history	. Explain an	y "Yes" ansv	wers.		
Allergies: Food, medic	ines, ins	sects, pla	ants	Yes □ No □	Explain: _		_		
General Information: Asthma		No □		Convulsions/s		Yes □	No □		
Cancer/leukemia Heart trouble High blood pressure				Diabe Hemo Kidne	tes philia y disease		_ _ _		
List any medications to									
List any physical or be		<u>-</u>					event:		
-							_		
Is this youth free from	any com	municab	le disea	ase? If no, please	explain				
Are immunizations cur	rent?	Yes		No					
Date of Last Tetanus S	hot								
Name of personal phys	ician				Tele	ephone			
Name of Emergency Co	ontact:				т	elephone			
In consideration for be older, do for myself an Genesis Church and th death, as well as prope the youth-participant the Furthermore, I, do for redeath, damage and expenses.	d on beh ne directo erty dama nat occur nvself ar	alf of my ors there age and r while s	youth- of from expense aid youth	participant, do he any and all liabilites, of any nature with is participating	reby release ty, claims or vhatsoever v in the trip or ant. hereby as	, forever disc demands for vhich may be activity.	charge and agree r personal injury e incurred by the	e to hold harmless , sickness or undersigned and urv. sickness.	
Further, authorization a lodging for this particip	and pern pant.	nission is	s hereb	y given to said ch	urch to furni	sh any neces	ssary transportat	ion, food and	
The undersigned further any liability sustained lexpenses incurred atte	by said c	hurch as	o hold h s the res	narmless and inde sult of the neglige	mnify said c nt, willful or	hurch, its dii intentional a	rectors, employe acts of said partic	es and agents, for cipant, including	
The health history is c activities, except as no give permission to the child, and in the event adults responsible for and/or surgery for my o previously treated my o carrier.	ted by me physiciand the physician in th	ne. I am on selectory be reach wity, to he named al	entrusti ed by th ned in a ospitalia bove. I	ing the care of this lese adults to orden n emergency, I he ze, secure proper also authorize sai	s person to t er x-rays, rou reby give pe treatment fo d physician	he adults res Itine tests, a rmission to t r, and to ord or any physi	sponsible for this nd treatments fo the physician sel er injection and/ cian or hospital v	s activity. I hereby r the health of my ected by the or anesthesia who has	
Should it be necessary assume all transportation			nt to re	turn home due to	medical reas	ons, discipli	inary action or ot	herwise, I hereby	
"Periodically, pictures notice to Genesis Chui						or other pub	olications. You r	nust give written	
(Signature of Parent or	Legal G	uardian)			(1)	Date)			