

Summit 2020

SHINE

Matthew 5:16



Participant & Medical Release Form (for your records only)

Event Date: Saturday, April 25, 2020

Name _____ Gender: M F Grade: 4 5 6 Adult

Address: _____

Phone: _____ Email: _____

Birth Date: _____

T- Shirt Size - Youth: S M L XL Adult S M L XL XXL

(Please choose which type pizza you would like for lunch to help us with quantities to purchase)

Lunch Options: Pepperoni Pizza Cheese Pizza Veggie Pizza

Allergies or Medical Concerns: _____

Medical Insurance Provider: _____ Insurance Policy#Number: _____

Emergency Contact Name: _____ Relationship _____

Emergency Contact Number: _____

The undersigned does heartily give permission to our (my) child to attend and participate in the activities sponsored by Crean Lutheran High School & the Pacific Southwest District that are a part of The Summit 2019. We (I) give permission to allow any pictures or videos taken during Crean Lutheran High School & the Pacific Southwest District to be used for publicity purposes. We (I) authorize an adult, in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, & hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs & expenses incurred in connection with such medical & dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Parent/Legal Guardian _____ Date _____