

Church Name _____

Group Coordinator _____

Role (circle one): student leader group coordinator

Name _____

Gender: M F

Grade: 6th 7th 8th

Parents/Guardians Names _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Parents' Cell/Work Phone _____

Insurance Carrier _____

Group Number _____

Insurance Phone _____

In Case of Emergency Contact _____

Phone Number _____

List All Current Medications _____

List Any Restricted Activities _____

Health History: Does the student have allergies, heart problems, asthma, blood disorders, past serious injuries, chronic recurring illness, etc.? Explain.

Emergency Authorization: I give my child permission to attend Frost Bite Winter Camp. In the event that I cannot be reached in an emergency, I hereby give permission for the leadership of my church and/or Converge personnel to have an authorized doctor or medical professional hospitalize, administer medical aid and treatments, order injections, anesthesia or surgery for my child at any time they believe an emergency exists. I will be responsible for all medical bills. I agree not to hold Converge, Center Lake Bible Camp & Retreat Center or the leaders responsible for any accident should it occur.

Parent/Guardian Signature _____ Date _____

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