

Church Name \_\_\_\_\_

Group Coordinator \_\_\_\_\_

Role (circle one):    student        leader        group coordinator

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Name \_\_\_\_\_

Gender: M   F

Grade: 9th 10th 11th 12th

Parents/Guardians Names \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Parents' Cell/Work Phone \_\_\_\_\_

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Insurance Carrier \_\_\_\_\_

Group Number \_\_\_\_\_

Insurance Phone \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

List All Current Medications \_\_\_\_\_

List Any Restricted Activities \_\_\_\_\_

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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 Snow Blast 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, Silver Birch Ranch or the leaders responsible for any accident should it occur.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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