

2009 ROCKY MOUNTAIN SYNOD JUNIOR HIGH/MIDDLE SCHOOL YOUTH GATHERING

JANUARY 16-18, 2009

ADULT PERMISSION/MEDICAL RELEASE FORM

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_

Congregation \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_

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

T-Shirt Size (circle one) Small Medium Large X-Large \_\_\_\_\_

The undersigned agrees to hold Rocky Mountain Synod Evangelical Lutheran Church and

\_\_\_\_\_ (Congregation), of \_\_\_\_\_  
(City, State, Zip) harmless from any injury arising out of or in any way connected with the above  
named activity. It is further understood that I/we the undersigned are responsible for all charges for  
the above mentioned diagnosis, treatment or hospital care.

Medical Problems/Special Needs

\_\_\_\_\_

Medications

\_\_\_\_\_

Insurance Company

\_\_\_\_\_

Policy Number and Title

\_\_\_\_\_

Signature and Date

\_\_\_\_\_