

2009 ROCKY MOUNTAIN SYNOD JUNIOR HIGH/MIDDLE SCHOOL YOUTH GATHERING

JANUARY 16-18, 2009

YOUTH PERMISSION/MEDICAL RELEASE FORM

Name _____ Male ___ Female ___

Address _____ City _____ State _____ Zip _____

Age _____ Grade _____ Phone _____

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

Congregation _____ City _____ State _____

Parent/Guardian _____

Home Phone _____ Business/Other Phone _____

The youth named above has my permission to attend and participate in the 2009 Rocky Mountain Synod Junior High/Middle School Youth Gathering on January 16-18, 2009 at the Crowne Plaza, Colorado Springs, CO.

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

_____ City _____ State _____ Zip Code _____ harmless from any claim for injury to the above named youth arising out of or in any way connected to the above named activity. If we, the undersigned parent/guardian(s) cannot be contacted, we do hereby consent to any x-rays, examinations, anesthetic, medical or surgical diagnosis or treatment and hospital services that be rendered to said minor under the general or special instructions of an emergency room physician. It is understood that this consent is given in advance of any specific diagnosis or treatment, and that I/we, the undersigned, are responsible for all charges for the above-mentioned diagnosis, treatment or hospital care. It is also understood that possession and/or use of illegal drugs or alcohol will result in this youth being sent home at my expense.

Medical problems/special needs _____

Drug and/or Food Allergies _____

Medications _____

Insurance Company _____ Policy # and Title _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____