

Parent/Legal Guardian <i>First Name(s):</i>		<i>Last Name(s):</i>	
Address:		City:	Postal Code:
Family (main) Email:		Home Phone:	
Parent/Legal Guardian #1 Personal Email:		Work Phone:	
		Cell Phone:	
Parent/Legal Guardian #2 Personal Email:		Work Phone:	
		Cell Phone:	

Child 1	NAME (please print):		AHC:	M <input type="checkbox"/> F <input type="checkbox"/>
	GRADE :	SCHOOL Enrolled 2023:	SCHOOL Enrolled 2023:	
	ALLERGIES/SPECIAL NEEDS OR INSTRUCTIONS:			
	Event: Ski Trip February 2023			
Child 2	NAME (please print):		AHC:	M <input type="checkbox"/> F <input type="checkbox"/>
	GRADE :	SCHOOL Enrolled 2023:	SCHOOL Enrolled 2023:	
	ALLERGIES/SPECIAL NEEDS OR INSTRUCTIONS:			
	Event: Ski Trip February 2023			
Child 3	NAME (please print):		AHC:	M <input type="checkbox"/> F <input type="checkbox"/>
	GRADE :	SCHOOL Enrolled 2023:	SCHOOL Enrolled 2023:	
	ALLERGIES/SPECIAL NEEDS OR INSTRUCTIONS:			
	Event: Ski Trip February 2023			

Emergency Contact Information (other than Parents/Legal Guardians)

In case of emergency please contact:

Name _____ Relationship to child(ren) _____

Phone _____ Alternate phone _____

Will your child(ren) be bringing any medication with him/her? Yes No If so, please indicate which child(ren), and details about medication and use:

Release and Waivers

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

I/ we, _____ the parent(s) or guardian(s) of child(ren) listed on opposing page authorize the Pastors, ministry staff and volunteers from ONOWAY BAPTIST CHURCH to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant(s) named above.

I/we named above, undertake and agree to indemnify and hold blameless ONOWAY BAPTIST CHURCH, its ministry staff (and volunteers), its Pastor and Church Board from and against any loss, damage or injury suffered by the participant(s) as a result of being part of the activities of the ONOWAY BAPTIST CHURCH, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of ONOWAY BAPTIST CHURCH.

Initials: _____