

**THIS FORM
AND
PAYMENT DUE
WED, FEB 27**

Disciple Now 2019

March 8-10

\$55 per student

Medical Information	
Current Medication	_____
Allergies	_____
Family Doctor	_____
Address	_____
City, ST, ZIP	_____
Phone#	_____
Insurance Carrier for Child	_____
Policy #	_____
Date of last Tetanus shot	_____

Student Name _____ Grade _____ T-Shirt Size _____

Parent or Legal Guardian Name _____

Parent or Guardian's Email _____

Address _____ City _____ ST _____ ZIP _____

Phone Home# _____ Work# _____ Cell# _____

For additional students please add names here:

Student Name _____ Grade _____ T-Shirt Size _____

Student Name _____ Grade _____ T-Shirt Size _____

Waiver

I (Parent or Legal Guardian), _____ do hereby give my permission for my child(ren) to receive emergency medical care. In addition, I will not hold Locust Grove Baptist Church, responsible for any expense, claims, or liability arising from an injury to my child. Throughout the Fall Retreat, a photographer and videographer may take footage that could be used in future Locust Grove Baptist Church promotional materials. My signature below gives permission for Locust Grove Baptist Church to use my child(ren)'s image(s) in future promotional materials. If I choose not to allow Locust Grove Baptist Church to display images of my child, I will indicate so by crossing out the previous sentence.

Parent / Guardian Signature _____ Date _____