## WALLOON LAKE COMMUNITY CHURCH - YOUTH MINISTRY MEDICAL AND TRANSPORTATION RELEASE FROM

Student's Name:	First	Middle initial	Last	
Address:	1 1131			
Street		City	State	Zip
Event and Date:				
Date of Birth:/	/			
Parent/Guardian E	mergency Contact	Information:		
ame:	Phone:		Relationship:	
ame:	Phone:		Relationship:	
lame of Emergency Co	ntact Person if above refe	renced parent/guardian is n	ot available:	
	Phone #	Re	lationship to Student:	
Community Church's (Vurther, I give permissi	VLCC) involvement of sa	s for this event, as it pertain id event. (initials)  ed minor child to ride with the following person(s):	a licensed driver that ha	
	•	at a public place such as a only revoked when submitt	•	-
However, if I nor the absermission to those in conviction to provide the assume the cost of any agree to release and homeombers or their insurencluding but not limited	ove-referenced emergen charge (youth pastor, lead e care necessary, includir care/services or treatme old harmless WLCC, WLC ers or representatives from	ment is required, every eff cy contact person(s) cannuders, or chaperones) to send anesthesia, for the minor trendered. I understand CC employees, board men any liability whatsoever and from the event. I cons minor, and bind the heirs,	ot be reached, I give my cure the services of a lic or's well-being. I agree to this is a legal document obers, volunteers, and the for the above-mentioned ent to the minor's partici	censed o and neir d event,
Signed:		Dated	d::	
		Dated		
'nysician's Name and	I Phone Number:			

Please list any allergies, medications taken, medical problems, or other pertinent information:						
Cost:\$	[ATTACHED] [WILL PAY	′ BEFORE]				