

2011 CLE@CSC – January 15-17

Registration forms and fees due Friday, December 10, 2010

Sponsors: Be sure to keep a copy of this form with you as you travel.

Name:	Grade in School:	Grad Year:	DOB:	Gender:
Address:		Home Phone: ()		
City:		State:	Zip Code:	
Participant Email Address:		Parent Email Address:		
Church & Pastor's Name:		Church Phone:		
Mom's/Guardian's Name & Daytime Phone: ()		Dad's/Guardian's Name & Daytime Phone: ()		
Mom's/Guardian's Cell Phone: ()		Dad's/Guardian's Cell Phone: ()		
Other Contact Name & Phone: ()		Relationship:		

To Whom It May Concern:

The Undersigned gives permission for (youth): _____ to attend and participate in activities hosted by the Culver-Stockton College on SAT-MON, January 15-17, 2011.

We/I authorize an adult, in whose care my minor child has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our/my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the CCMA. We/I give permission for our child to be photographed and understand that these photos may be used in future Culver-Stockton College and other sponsoring Areas and Regions of the Christian Church (Disciples of Christ) print, digital, internet or electronic publications.

Insurance (circle one) yes no	Participant Signature:	Date:
Insurance Co.	Mother Signature:	Date:
Policy or ID #:	Father Signature:	Date:
	Legal Guardian Signature:	Date:

Please note on the back of this form any medical information, allergies (food, other), medications taken by your child, or other information leaders should know as supervising adults for your child. Please also indicate if your child requires a special diet (vegetarian, or other based, on allergy).