

Community of Christ Event Release

Event _____

GENERAL INFORMATION

Name _____ Age _____ Grade Completed _____ Gender: Female Male
Social Security Number _____ Phone Number () _____ E-mail _____
Address _____ City/State or Province _____
Zip/Postal Code _____ Roommate Preference _____
Religious Affiliation _____ Home Church _____
Name of Parents, Custodial Parent, or Legal Guardian* _____
Work Phone _____ E-mail _____
Additional Parent, Legal Guardian, or Next of Kin* _____
Home Phone _____ Work Phone _____ E-mail _____
Persons allowed to pick up child from event* _____

*Applies only to those under 21 years of age.

Emergency Notification

Name _____ Relationship _____ Phone () _____
Address _____
City/State or Province _____ Zip/Postal Code _____
Name _____ Relationship _____ Phone () _____
Address _____
City/State or Province _____ Zip/Postal Code _____

Medical Information

Allergy to foods, medications (if none, so state) _____
Is applicant currently under a physician's care for any acute or chronic medical condition? _____
If yes, please explain. _____
Does applicant carry *non-prescription* medication on their person? (if none, so state) _____
Medication(s) and purpose _____
Does applicant require *prescription* medications? (if none, so state) _____
Medication(s) and purpose _____

Physician _____ Phone () _____
Office Address _____
Hospital/Clinic of Choice (if applicable) _____
Health Insurance Provider _____ Phone () _____
Policy Holder's Name _____
Address _____
Group Number _____ Policy Number _____
Other Information _____

Please attach a copy of both sides of your insurance card.