NOORDELOOS CHRISTIAN REFORMED CHURCH 2023-2024 Medical Release/Registration Form This form in effect from September 2023 – August 2024 Form must be filled out in its entirety. Please print clearly.

(Circle <u>All</u> Groups Student is involved in)

Cadets Impact

illi

Dated: _____

GEMS Youth Group

| Student Name: | | | |
|---|--|--|---|
| Last Address: | First | Middle | Birth Date (Mo/Day/Yr) |
| City: | State: | | Zip: |
| | | | |
| Mother's Name: | | Work/Cell Phone: | |
| Father's Name: | | Work/Cell Phone: | |
| Reliable Email to receive notices: | | | |
| Insurance Company Name: | | | |
| Policy #: | Group | #: | |
| Emergency Contact Person: | | | |
| (other than Parent) | Name | _ | Relationship |
| Home Phone: | | Work/Cell Phone: | - |
| Is your child allergic to anything? (i.e. If yes, please list: Are there any special conditions that | | | |
| considerations, etc.) Yes If yes, please explain: | No | | |
| release of medical records in the case | of accident durin act parent/guardi of Noordeloos Cl | g an activity. In case an of child. In the ev hristian Reformed Ch | orrect and grant my permission for the of medical emergency, I understand went that I cannot be reached, I hereby nurch to obtain emergency medical |
| The above-named child has my permi for Noordeloos Christian Reformed Ch | | | cle, an approved for special use vehicle. |
| Parent/Guardian Signature: | | Dated: _ | |
| Commitment by Student: I, during the year, represent Jesus as be environment for myself and those arc | est I can, and agree | promise to fue to uphold all require | ally cooperate with the group leaders rements of the leaders for a safe |