

ATF HOLY INTERRUPTION

Revolution of Love

Student Name _____ Age _____ Phone# _____

Address _____ City _____ Zip _____

Name of Parent or Guardian _____

Emergency Contact(s) _____

Emergency phone # in case of emergency: _____

Event Date: January 10, Sunday

Event: AtF Holy Interruption – Revolution of Love (summer trip) Rally

Event Description: A worship gathering for High School Students at Holy Trinity in Libertyville

Drop Off time/location: 5:15pm; Joy!

Pick Up time/location: 8:30; Joy! Parent Meeting 8:30; Joy!

Can I bring a friend?: Yes, but we they must have a form signed

Insurance Information:

Company _____ Policy # _____

I _____ (name of Parent or Guardian) give permission for my child to take part fully in:

I understand that every effort will be made to protect and safeguard my child. Therefore, I agree not to hold Joy! Lutheran Church liable for any illness or injury which my child may sustain. I also, do hereby, give permission for a physician selected by Joy! Lutheran Church and its leaders to provide any treatment and/or procedure deemed necessary for my child in the case of a medical and/or surgical emergency. I understand I will be notified of such an emergency as soon as possible.

Any special needs/allergies/medications? If so, please list here...you can use the back, too!

Signature
of Parent or Guardian: _____ Date _____