

CSI LOCK-IN ♦ Royal Oak Church of Christ

Parent & Student Form

Name _____ Phone _____

Address _____

Male Female Age: _____ Grade: _____ Email: _____

IN CASE OF EMERGENCY NOTIFY:

Mother _____ Phone _____

Cell Phone _____

Father _____ Phone _____

Cell Phone _____

Relative/Friend _____ Phone _____

Cell Phone _____

Family Doctor _____ Phone _____

Insurance _____ I.D. # _____

I, the parent or legal guardian of _____, give my permission to attend **CSI TEEN LOCK-IN** on **May 7- 8, 2010**. I understand that there are inherent risks involved in any activity or ministry. I hereby agree to release the church, its leaders, teachers, chaperones, etc. from any and all liability, claims, damages, and costs for any injury, loss, or damage to person or property that may occur during the course of this event.

In the event that medical attention is required and I cannot be reached, I, the undersigned, do hereby give unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to the above named person, as may be deemed necessary by said doctor or hospital, at the time of illness or injury while participating in this activity.

Parent/Guardian Signature

Date

As a participant in the CSI Lock-in, I agree to follow all rules and directions given by the leaders and chaperones during this activity. I also agree to act in a Christ-like manner in my attitude, conduct, language, electronic communication, action and dress.

Student Signature

Date

Drug Allergies? **Y** | **N** Which ones? _____

Presently taking medication? **Y** | **N** What kind? _____