

Adventure Week Registration Form

Child's/Youth's name: _____

Parent/Guardian name: _____

Phone number—home: _____ Cell: _____

Parent/Guardian name: _____

Phone number—home: _____ Cell: _____

EMERGENCY CONTACT (if other than above parents/guardians):

Name: _____

Phone number—home: _____ Cell: _____

MEDICAL CARE CONTACTS:

Physician's name: _____

Address: _____ Phone: _____

Health insurance coverage for child: _____

Insurer's name: _____

Policy or group number: _____

Allergies or medical conditions: _____

PARENT/GUARDIAN CONSENT AND AGREEMENT

In consideration of my child's (name listed above) opportunity to participate in El Montecito Presbyterian Church's activities and programs, I acknowledge and accept the risks of injury associated with participation and transportation to and from any and all activities and programs of El Montecito Presbyterian Church. I accept personal financial responsibility for any injury or other loss sustained during the activities or programs or during transportation to and from such activities and programs, as well as for medical treatment rendered to my child that is authorized by El Montecito Presbyterian Church, its leaders, employees, volunteers, or agents. I specifically consent to allowing my child to be transported to receive emergency care and to be responsible for all charges for such emergency care. I release and promise to indemnify, defend and hold harmless El Montecito Presbyterian Church, its leaders, employees, volunteers, and agents from any and all injury or loss resulting directly or indirectly from the activities and programs of El Montecito Presbyterian Church or transportation to and from such activities and programs, whether such injury resulted from the negligence of El Montecito Presbyterian Church, my child, or otherwise.

Printed name: _____

Signature: _____ Date: _____

ADDITIONAL STUDENT INFORMATION

Child's/Youth's name: _____ Birthday: _____

School Name: _____ Grade Entering: _____

Student Cell Phone: _____ Email: _____

Parent Email: _____

Home Address: _____

Shirt Size: Youth L Adult S Adult M Adult L

Dietary Restrictions/Food Allergies: _____

Are there any concerns/ideas you want to share with us? _____

I would like to receive the monthly El Montecito Presbyterian Family Newsletter to keep up with opportunities and resources for my child/youth.

YES NO

El Montecito Presbyterian Church may use photos of my child/youth on the church instagram site and ELMO Pres website to promote outreach among youth and families.

YES NO

Register Today!

- 1) \$100 deposit due on May 1st along with registration form. Remaining fee of \$125 due on the first day of *Adventure Week*, June 16. (Return form and deposit to front office or mail to: El Montecito Presbyterian Church, c/o Adventure Week, PO Box 5369, Santa Barbara CA 93150).

- 2) Questions contact LauriHaugen@elmopres.org

