



# NorthStar Student Ministry

## Wise Up Weekend 2012

### Registration Form

Office Use Only
<input type="checkbox"/> PAID
<input type="checkbox"/> S043A2F

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents Names \_\_\_\_\_ Phone \_\_\_\_\_

Tshirt Size (Adult):  S    M    L    XL    XXL    XXXL

For the Host Home I request that I be lodged with \_\_\_\_\_ (must be same gender!)

I am paying by (check one):    Check    Cash    Online

Please note: You will **NOT** be registered until payment is received.

### Liability, Medical & Transportation Release

I hereby give my permission for (student's name) \_\_\_\_\_ to participate in the Wise Up Weekend "event" from Friday, March 23 through Saturday March 24, 2011. I understand the "event" includes sleeping at assigned Host Home that I have agreed upon, the transportation of my child by a responsible adult to and from venues (Sandhills Community Church 3585 Hard Scrabble Road, Columbia, SC 29223, and NorthStar Christian Center 711 Longtown Road, Columbia, 29229), and the supervised recreation time on Saturday, March 24 from 1:00 p.m. - 4:00 p.m. at NorthStar Christian Center. I understand that by signing this form, I release NorthStar Christian Center from any responsibility of injury or loss while my son/daughter is participating in this event/program, providing there is appropriate supervision.

I also hereby grant my permission for said individual to receive emergency medical care if: (1) such care is deemed necessary by the adult supervisor having custody of my child during the Wise Up Weekend "event", (2) the proposed medical treatment of procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain my personal consent would reasonably jeopardize the life, health, or well-being of the individual affected; and (3) I cannot be personally contacted.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier/Network: \_\_\_\_\_ Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

List allergies and/or current medications (original containers only) and procedures/time to be taken:

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