

Registration Form
Apostle Islands Summer Trip 2019
"Don't stop believin"
Monday, July 8 - Friday, July 12

Student Information

Student Name: _____ Date of Birth: _____

School: _____ 2019/2020 Grade: _____

Student T-shirt size (circle one):

Youth M Youth L Adult S Adult M Adult L Adult XL

Parent/Guardian Information

Name(s): _____

Home Address: _____

Preferred e-mail(s): _____

Cell phone number(s): _____

"I understand that registrations will be accepted on a first come first served basis, with priority given to those eligible youth who have not been on the trip before. I also understand that in submitting the \$100 deposit and registration for my child, I am making a good faith commitment to their participation on the trip, and to my payment of the remaining \$250 by June 1, 2019."

Parent/Guardian Signature: _____ Date: _____

Please return this form along with your deposit of \$100 to the church office at Fox Point Lutheran Church, 7510 N. Santa Monica Blvd., Fox Point, WI, 53217. Please make checks payable to "Fox Point Lutheran Church".

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Apostle Islands Participation & Medical Waiver 2019

This form will be kept on file for the duration of the Summer Youth Trip to the Apostle Islands, from July 8-12, 2019.

I, the Parent/Guardian of _____ (youth name)
Youth Date of Birth _____ 2019-2020 School Grade _____
hereby give my approval for his/her participation in any and all activities of Fox Point Lutheran Church during the Summer Youth Trip to the Apostle Islands, July 8-12, 2019. I assume all risks and hazards incidental to such participation, including transportation to and from activities. I do hereby waive, release, absolve, and indemnify the church, its servants, and participants, as well as transporting the above named youth to and from related activities, for any injury or action resulting in a medical claim. I also give the physician/hospital selected by the program supervisor permission to secure proper treatment for my child, should it become necessary. I also assume responsibility of all medical expenses incurred. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Parent/Guardian Name(s): _____

Preferred phone(s): _____

Address: _____

Emergency Contact Person (other than parent/guardian): _____

Phone: _____ Relation to Child: _____

Insurance Company: _____

Policy Number: _____ Insurance ID Number: _____

Physician's Name: _____ Phone Number: _____

Known Allergies: _____

Food allergies: _____

Special Medical Conditions/Concerns: _____

Medications (instructions/dosages): _____

Date of last tetanus shot: _____

Parent/Guardian Signature: _____ Date: _____