

# REGISTRATION AND PARENTAL CONSENT FORM

|               |       |                            |             |
|---------------|-------|----------------------------|-------------|
| Name          | Age   | Birth Date                 | Male/Female |
| Address       |       | Phone(_____)               |             |
| City          | State | Zip Code                   |             |
| School        |       | Grade in or just completed |             |
| Email Address |       |                            |             |

I am the parent/guardian of \_\_\_\_\_ and I give my permission for him/her to participate in the activities at Grace Covenant Church's Oneighty New Year's Eve. I also give permission for my student to appear in videos & photos for future promotions.

\_\_\_\_\_

Parent Signature / Date

Who Invited You? \_\_\_\_\_

- Oneighty attendance:     This is my first time to attend a Oneighty event  
                                    I have been to other Oneighty events, but I don't attend regularly  
                                    I attend Oneighty regularly

**COST: \$40**

- Cash       Check (check # \_\_\_\_\_)       Credit Card (available at [www.oneightydc.com](http://www.oneightydc.com))

### Medical Information

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services and rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by

\_\_\_\_\_  
 (Church)

|                           |     |    |      |
|---------------------------|-----|----|------|
| Hospital insurance        | Yes | No |      |
| Insurance Company         |     |    |      |
| Policy Number             |     |    |      |
| Emergency Phone Number(s) |     |    |      |
| Participant               |     |    | Date |
| Father                    |     |    | Date |
| Mother                    |     |    | Date |
| Legal Guardian            |     |    | Date |

Please list any allergies or special medical problems your child may have. Thank you.

Signed: \_\_\_\_\_



# NEW YEARS EVE DESTINATION DAVE'S

**LET YOUR LAST NIGHT OF 2011  
BE YOUR BEST DECISION FOR 2012**

DECEMBER 31, 2011 | 9:30 PM - 7:00 AM | \$40

[www.oneightydc.com](http://www.oneightydc.com)