

Friday October 30
Meet at EHS at 4 PM, Return around Midnight

We will travel to Brighton, IL for a horse-drawn hayride through Illinois farm fields, a bonfire, and a huge game of centurion (like flash-light tag)

Cost: \$20 Friends are welcome

Register by turning in form and money by October 25

Sc genesis

www.genesiseureka.com

Event: Youth Hayride

Event Date: October 30 Personal Health History / Medical Release Form

NameGrade in School					Age	
Name of Parent or Guardian			Telepi	none		
Home Address		City _			Zip	
Check all items that apply, past	t or present, to yo	ur health history	. Explain any "Ye	es" answe	ers.	
Allergies: Food, medicines, ins	· •	Yes □ No □	Explain:			
General Information: Yes Asthma	No □	Convulsions/s	eizures	Yes □	No □	
Cancer/leukemia Heart trouble		Diahat	tos			
High blood pressure		Hemo Kidne	philia y disease			
List any medications to be take	n:					
List any physical or behavioral	conditions that n	nay affect or limit	full participation	in this ev	ent:	
Is this youth free from any com	municable diseas	se? If no, please	explain			
Are immunizations current?	Yes 🗆	No				
Date of Last Tetanus Shot						
Name of personal physician			Telepho	ne		-
Name of Emergency Contact: _			Telepl	none		
In consideration for being acce- older, do for myself and on beh Genesis Church and the directed death, as well as property dama the youth-participant that occur Furthermore, I, do for myself ar death, damage and expense as	alf of my youth-pors thereof from a age and expenses r while said youth	articipant, do her any and all liabilit s, of any nature w n is participating y youth-participa	reby release, fore y, claims or dema hatsoever which in the trip or activ nt, hereby assum	ver dischands for p may be in vity. e all risk o	arge and agre ersonal injury ncurred by the of personal in	e to hold harmless y, sickness or e undersigned and liury, sickness,
Further, authorization and pern lodging for this participant.	•	•				
The undersigned further hereby any liability sustained by said cexpenses incurred attendant the	hurch as the resu	armless and inde ult of the negliger	mnify said churc nt, willful or inter	h, its direc tional act	ctors, employes of said part	ees and agents, for icipant, including
The health history is correct so activities, except as noted by m give permission to the physicial child, and in the event I cannot adults responsible for this activand/or surgery for my child as a previously treated my child, to carrier.	ne. I am entrustin in selected by the be reached in an vity, to hospitalize named above. I a	ig the care of this se adults to orde emergency, I he e, secure proper f Iso authorize sai	person to the ac r x-rays, routine reby give permiss treatment for, and d physician or an	luits respo tests, and sion to the d to order by physicia	onsible for the treatments for the physician se injection and an or hospital	is activity. I hereby or the health of my elected by the //or anesthesia who has
Should it be necessary for the assume all transportation costs		ırn home due to r	medical reasons,	disciplina	ary action or c	otherwise, I hereby
"Periodically, pictures of these notice to Genesis Church if you	events will be tal u do not want you	ken and used for ir child's picture i	scrapbooks or o included."	ther public	cations. You	must give written
(Signature of Parent or Legal G	uardian)		(Date)			