

FOR MIDDLE SCHOOL & HIGH SCHOOL STUDENTS



FRIDAY DECEMBER 18
6:00-10:00 PM
*MEET AT EHS, 6 PM
GREAT MEAL, GAMES, LOTS OF FUN!!!



COST: FREE!
INVITE FRIENDS
BRING A WHITE ELEPHANT GIFT

TO SIGN UP-TURN IN REGISTRATION FORM BY WEDNESDAY DECEMBER 16

Event: Youth Progressive Dinner & Christmas Party Event Date: December 18 Personal Health History / Medical Release Form

Name			Date of	Birth		Age		
Grade in School			Today I Came w	Today I Came with				
Name of Parent or Guardian				Telephone				
Home Address			City	City		Zip		
			ent, to your health history. ents Yes □ No □	Explain any "Ye Explain:				
General Information:	Yes	No			Yes	No		
Asthma				sions/seizures				
Cancer/leukemia			Diabete	~				
Heart trouble								
High blood pressure			Kidney	disease				
List any medications to	be take	n:						
List any physical or be	havioral	conditio	ns that may affect or limit f	ull participation	in this	event:		
Is this youth free from	any com	municab	le disease? If no, please e	xplain				
Are immunizations cur		Yes	□ No					
				Telephor	ne			
Name of Emergency Co	ontact: _			Teleph	one			
myself and on behalf of m directors thereof from any	ny youth-p y and all li vhatsoeve	articipant ability, cla	enesis Church for participatio , do hereby release, forever di aims or demands for personal nay be incurred by the undersi	scharge and agre injury, sickness o	e to hold or death,	l harmless Genesis Churd as well as property dama	ch and the age and	
			f my youth-participant, hereby tion and work activities involv		f person	al injury, sickness, death	, damage and	
Further, authorization and participant.	d permissi	on is here	eby given to said church to fu	rnish any necessa	ry transp	oortation, food and lodgir	ng for this	
· ·	, ,		d harmless and indemnify said negligent, willful or intentiona	,	, ,		, ,	
except as noted by me. I physician selected by the reached in an emergency secure proper treatment f	am entrus se adults t , I hereby t or, and to n or hospi	ting the c to order x give perm order inje tal who h	a, and the person herein descr care of this person to the adult c-rays, routine tests, and treatn discion to the physician select dection and/or anesthesia and/or as previously treated my child	s responsible for nents for the healt ed by the adults re or surgery for my (this active the of my esponsible child as a	vity. I hereby give permis child, and in the event I o ble for this activity, to hos named above. I also auth	ssion to the cannot be spitalize, norize said	
Should it be necessary fo transportation costs.	r the parti	cipant to	return home due to medical re	easons, disciplina	ry action	or otherwise, I hereby as	sume all	
"Periodically, pictures of Genesis Church if you do			e taken and used for scrapboo d's picture included."	ks or other public	ations. `	You must give written no	tice to	
(Signature of Parent or	· Legal G	uardian)		(Date)				