

SUPER SUMMER 2010 REGISTRATION FORM

July 5-9, 2010 - Salina, KS

COST- \$100 through March 28, March 29-April 25: \$120, April 26-May 23: \$140

Multiple Child discount available: -\$10 for a second child (in the same family), -\$20 for a third.

Registration Information:

Registrant Name _____ Male / Female Grade _____

Home Phone _____ Cell Phone _____

Address _____ City _____ ST / Zip _____

Email address _____

Roommate Preference(s) _____

T-Shirt Size (if applicable) - SMALL MEDIUM LARGE XL XXL

Parent/Guardian Name (Emergency Contact) _____

Home Phone _____ Cell Phone _____

Email address _____

Insurance Information:

Insurance Company _____

Policy # _____ Policy issued under name of _____

Phone # of insurance company _____

Physician _____ Phone _____

Medication currently taking _____

Allergies _____

Please list any additional medical information that we should be aware of: _____

Emergency Medical Authorization:

In the event of an emergency, I, (parent/guardian) _____, hereby give permission to Metro East Baptist Church, its employees and adult sponsors to obtain proper medical assistance for my student mentioned above. I also give my permission to the physician selected to hospitalize and secure proper treatment for my child at any time during the activity mentioned at the top of the page.

By signing this agreement, I give my permission for above named student to receive medical attention in the event of an emergency.

Parent/Guardian Signature _____ Date _____