

Boy's Name

Primary Emergency Contact phone

2047.ORG



Activity Permission Slip

Boy's Name

Date of Birth

Age

Address

City

State

Zip

Parent/Guardian Email #1

Parent/Guardian Email #1

I understand that participation in Stockade/Battalion activities involves the risk of potential personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. I have had the opportunity to obtain such information about those activities from the Group leadership, venue, activity coordinators, or other sources. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct, and have explained that to my child.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/ or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims against St. Paul's Lutheran Church and associated ministries, the Charter Organizations, the Group/Church leadership, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with St. Paul's Lutheran Church, Christian Service Brigade, Calvinist Cadets and/or any program or activity for personal injury, death, or loss that may arise.

I have listed below any restrictions imposed on my child's participation in connection with programs or activities and have advised my child to comply with those restrictions.

Restrictions/Allergies (if none, indicate "none"):

Signature

Name

Relationship

Phone #1

Cell
Land

Phone #2

Cell
Land

Alternative emergency contact info

Name:

Relationship

Phone #1

Phone #2

T-Shirts included in the Registration Fee

Check T-Shirt Size

☐Adult Small ☐Youth Small ☐Youth Medium
☐Adult Large ☐Adult X-tra Large ☐Adult XX Large

Note: The t-shirts shrink, **go at least one size larger**. Sizes needed to be ordered in batches of 6. If not enough

boys order a size they will receive the next largest size.

Order will be placed boys returning slips after order is placed will receive the closest size shirt we have.

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