



**ROOTED**  
STUDENT MINISTRIES

# REGISTRATION & PERMISSION FORM

**EVENT: ASCEND CAMP**

**DATE: JUNE 26<sup>TH</sup>-30<sup>TH</sup>, 2019**

## Student Information

name: \_\_\_\_\_ male | female

DOB: \_\_\_\_\_ grade: \_\_\_\_\_ school: \_\_\_\_\_

## Parent Information

name(s): \_\_\_\_\_ cell: \_\_\_\_\_

address: \_\_\_\_\_

email: \_\_\_\_\_

## Insurance Information

company: \_\_\_\_\_ phone: \_\_\_\_\_

policy #: \_\_\_\_\_ group #: \_\_\_\_\_

## Medical History & Consent

Does your student have any allergies, disorders, or medical issues that we should be aware of? If yes, please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, parent or legal guardian of the student listed above, release New Castle Bible Church, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my student while participating in Ascend Camp 2019.

I understand that in the event of medical treatment, every effort will be made to contact me. However, if I cannot be reached, I give my permission to New Castle Bible Church or an adult sponsor to secure services of a licensed physician to provide the care necessary for my child's wellbeing.

signature: \_\_\_\_\_ date: \_\_\_\_\_

payment amount: \_\_\_\_\_ payment method: \_\_\_\_\_