

PERMISSION AND MEDICAL RELEASE FORM
Christian Service Brigade 2047 - Stockade - Battalion - Tree Climbers
The Wesleyan Church of Orchard Park
2014 - 2015

BOY'S INFORMATION

☐ Tree Climbers ☐ Tuesday Stockade ☐ Wednesday Stockade ☐ Battalion ☐ JL

Boy's Name _____ Birth Date _____

Street Address _____

Town, State, Zip _____

Phone Number _____ Cell or 2nd Number _____

Parent's/Guardian's Name _____

Parent Email _____

ALLERGIES OR SPECIAL CONDITIONS _____

Are there any custody issues or situations we need to be aware of? ☐ No ☐ Yes, contact me (or see Jim) _____

If there is additional information or circumstances that may be of benefit for us to know about your boy, please use the back of this sheet. All information is kept confidential.

I, _____ give my permission
parent(s) or legal guardian(s)

to _____ to participate with other youth, leaders, helpers and chaperones
name of minor(s)

from the **Wesleyan Church of Orchard Park, Brigade 2047** both on and off the premises at **7295 Ellicott Road, Orchard Park, New York** to be held during the period of **September 8, 2014 until September 7, 2015**. In the unlikely event of an emergency, I give my permission for _____ to be treated by an accredited physician in an approved emergency clinic or hospital. I therefore designate officers, leadership and any adult chaperones for the group with the authority to act on my behalf and order appropriate treatment. I further release from any liability the Wesleyan Church of Orchard Park, CSB/CCC 2047, and its officers, leadership, chaperones and participants in the event of certain accident or mishap enroute, during, after and/or returning from activities of the Wesleyan Church of Orchard Park.

Parent/Guardian Signature _____

Medical Insurance Company & Policy Number for above Minor

Date _____ Phone _____

Family Physician Name/Number

Other Contact Name/Number in Emergency

Other Contact Name/Number _____

NOTE: We are no longer sending letters via the Post Office. We will be sending email notifications and handouts.

Email address for mailing: _____

T-Shirts included in the Registration Fee
Check T-Shirt Size

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

10/9 - boys returning slips after order is placed will receive the closest size shirt we have.

rev. 8/14

Club Fees:

Registration fee..... \$65
Handbook(s) if used..... included
Shirt/Awards/Patches/Misc..... included
Total Paid..... \$ _____
☐ Cash ☐ Check # _____
☐ Credit Card (see Jim) ☐ PayPal online
Balance Due\$ _____