

**PERMISSION AND MEDICAL RELEASE FORM**  
**Christian Service Brigade 2047 - Stockade - Battalion - Tree Climbers**  
**The Wesleyan Church of Orchard Park**  
**2020-2021**

Fill in areas next to  
the red lines

**BOY'S INFORMATION**

☐ Tuesday Stockade    ☐ Wednesday Stockade    ☐ Battalion    ☐ JL

Boy's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_

Town, State, Zip \_\_\_\_\_

**EMERGENCY  
CONTACT**

Phone #1 \_\_\_\_\_ ☐ Cell ☐ Land Line    Phone #2 \_\_\_\_\_ ☐ Cell ☐ Land Line

**TEXT MESSAGE  
NUMBERS**

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Parent Email \_\_\_\_\_

**ALLERGIES OR SPECIAL CONDITIONS** \_\_\_\_\_

**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 for the above named minor  
parent(s) or legal guardian(s)

to participate with other youth, leaders, helpers and chaperones 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 10, 2020 until September 9, 2021**. In the unlikely event of an emergency, I give my permission for the above named minor 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 \_\_\_\_\_

\_\_\_\_\_

Other Contact Name/Number in Emergency

Family Physician Name/Number

\_\_\_\_\_

\_\_\_\_\_

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