

GATHERING COPY

CONGREGATION COPY

Medical Release/Medical Information/Photo Release Form

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SW MN Synod Junior High Youth Gathering
*one form for every youth **and adult**.*

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Name of gathering registrant:

Name of gathering registrant:

Age: _____ Phone #: _____

Age: _____ Phone #: _____

Parent/Guardian Name(s)

Parent/Guardian Name(s)

Are there any medical conditions or allergies that we should know about?

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If parent/guardian is unavailable, please contact:

If parent/guardian is unavailable, please contact:

Phone #: _____

Phone #: _____

Insurance Company name and policy #:

Insurance Company name and policy #:

I hereby grant my permission for my child to attend the SW MN Synod Junior High Youth Gathering, to be held at the Conference Center Willmar, MN from Nov 16-17, 2018. I also grant my permission, in case of an emergency, for medical attention to be sought by the chaperones for my child's group and/or the persons in charge of the gathering. This permission includes gathering planners using photos and videos that may include my child in Youth Gathering communications. I understand that all efforts will be made to notify me immediately of any such happenings.

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Signed: _____

Signed: _____

Date: _____ (Signature of parent/guardian)

Date: _____ (Signature of parent/guardian)