

## Hume Lake 2017



FORSAKEN

HUME LAKE . SUMMER 2017

**Hume Lake Summer camp July 2-8, 2017**  
**Middle School and High School Camp**  
**Cost: \$550.00**

Hume lake is fast approaching and sign ups are happening! July 2-8, 2017. Space is limited so sign up soon. Scholarships are available, just talk to Brandon Read in advance.

**\$100.00 Deposit due June 9<sup>th</sup>, balance due June 22<sup>nd</sup>**

This form must be **completely** filled out in order for students to attend.

### Mariners Church Activity/Medical Release Form

As the parent, legal guardian, or care giver of

\_\_\_\_\_, (minor)  
I give permission to take part in  
Mariners Community Church (MCC) trip  
to Hume Lake, July 2-8, 2017

I hereby give my permission to the physicians or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order x-ray examination, injection, anesthesia, or surgery for my child as deemed necessary. I understand that this authorization is given in advance of any specific diagnosis or treatment being required, and is given to provide authority and power to render care which aforementioned physician, in her or her best judgment may deem advisable. I further authorize MCC to receive physical custody of minor upon completion of any treatment. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. I understand all reasonable safety precautions will be taken at all times by MCC and it's agents during the event. I understand the possibilities of unseen hazards and know the inherent risks. I agree not to hold MCC, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries occurred by minor.

\_\_\_\_\_  
PRINT Parent/Legal Guardian Name

\_\_\_\_\_  
Parent/Legal Guardian Signature  
(If under 18)

### Student Information

Name: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_

Special Health / Allergy Issues: \_\_\_\_\_

Medical Provider / Policy #: \_\_\_\_\_

### Parent/Guardian Information

Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Contact Phone Number: (during event) \_\_\_\_\_