

Liability Release & Medical Consent

The undersigned does hereby give permission for my above-named child to attend this event sponsored by Emmanuel Community Church and to participate in all activities.

Please Initial

I authorize an adult in whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Acts on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Please Initial

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to the authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Please Initial

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in the activity sponsored by Emmanuel Community Church.

Please Initial

The undersigned acknowledges that he or she is advised and aware of the nature of the activities planned for this event. I also understand that there is some risk inherent in such activities. I consent to the minor's full participation in such activities and agree to hold Emmanuel Community Church and its agents and representatives harmless for any injury related directly or indirectly out of such activities or the transportation to or from such activities.

Please Initial

I further give permission for still or moving images of my dependent to be used by the church for promotional purposes in printed and/or electronic media.

Please Initial

Signature of Guardian

Date

Insurance Company

Policy Number



If you like the Komets Hockey event, you might want to come hang out with us on March 14 as we head to Crazy Pinz for an afternoon of bowling.



Emmanuel Community Church
12222 US 24 West
Fort Wayne, IN 46814
260-672-3377

www.eccstudentministries.com

High School

KOMETTS HOCKEY



March 12 7:15-11:30 pm

KOMETTS HOCKEY



What's the catch? ABSOLUTELY NOTHING! THIS NIGHT IS COMPLETELY FREE TO YOU!

How can you go?

MAKE SURE YOU HAVE MOM OR DAD SIGN THE FORM AND TURN THE FORM INTO THE UTH BOOTH. ONCE THE FORM IS RECEIVED, TODD WILL ADD YOU TO THE LIST.

What are the details? WE'LL LEAVE ECC ON THE BIG BUS AT 7:15 AND WE'LL RETURN TO ECC AT 11:30 PM.

Who is invited and how many can go?

ANYONE CAN COME AS LONG AS THEY ARE IN HIGH SCHOOL. HOWEVER, SPOTS ARE LIMITED. THE FIRST 30 STUDENTS TO TURN THEIR FORM IN WILL BE ABLE TO ATTEND THIS EVENT.

In Case of an Emergency

IN THE EVENT OF AN EXTREME EMERGENCY ON THE DAY OF THIS EVENT, YOU MAY CONTACT TODD ON HIS CELL PHONE AT 797-3265. PLEASE USE THIS NUMBER ONLY IN THE EVENT OF AN EXTREME EMERGENCY.

REGISTRATION FORM

Are you ready? Just pack your bag and follow this quick and easy registration process:

- Check with mom and dad
- Fill out this side of the form
- Have the folks read & sign the back
- * Turn this form in at the Youth Booth
- **Registration deadline is March 7**

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Phone: _____ Grade: _____

Medical Concerns/Medications: _____

Student may be given:

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Pepto Bismol |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Immodium |

Fort Wayne

Pricing Guide

- Lower
- Upper
- Premium
- Handicapped