

# New Life Cadets 2717

## 2021/2022 Trips & Events

### Permission Slip, Medical Release and Registration Form

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Boy's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Grade \_\_\_\_\_ Name of School \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal \_\_\_\_\_

Name of your Church \_\_\_\_\_

#### Parent/Guardian Information

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

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

Email \_\_\_\_\_ Email \_\_\_\_\_

#### Emergency Contact (If parent cannot be reached)

Name \_\_\_\_\_ (Relation) \_\_\_\_\_

Phone# Home- \_\_\_\_\_ Cell- \_\_\_\_\_

#### Emergency Information

Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ Subscriber ID # \_\_\_\_\_

Please list any medical conditions, medications and / or allergies that we should be aware of.

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I, \_\_\_\_\_, do hereby give my permission for my son \_\_\_\_\_ to go on any Cadet trips from Sept. 1, 2021 through Aug. 31, 2022. I release **New Life Church**, New Life Cadets leaders and volunteers, and the sponsors of this event from liability for any accident that may occur during the event, or while traveling to, from, and during youth trips. It is my understanding that these trips and activities are approved by the church and will be appropriately chaperoned by adult leaders and parents.

Additionally, in the event that my child becomes ill or sustains an injury during a one of these trips or events, I give my permission to those in charge to take the necessary steps in administering proper medical treatment. In the event that I cannot be reached by phone, I consent to the administration of treatment to be rendered to my child upon the advice of a duly-licensed physician and/or surgeon.

I understand that I am giving permission for my son to engage in these trips and all activities, and I will not hold the staff, **New Life Church**, New Life Cadets or sponsors responsible for any incident occurring to my child resulting from reasonable activities during these events.

I give my permission for my child's photo to be included on the web pages for New Life Cadets, I understand that this document is located on the Internet and can be seen by people with internet access. For security reasons names will not be used.

In order to help keep dues low and allow us to fund the Cadet ministry, each boy is required to participate in our fundraising events.

If your cadet has a fever or is sick in any way keep him at home.

I have read and will comply with the above stated screening measures

Signature of Parent or Guardian

\_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

Fees:   Registration (Includes Shirt, book, project materials)                   \$45

          Fall Campout   \$25

Please make checks payable: New Life Cadets.   Paid: Yes / No   Check No. \_\_\_\_\_