

EMD Fall Getaway

Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Home #: _____ Cell#: _____

Emergency Contact/phone: _____

Do you plan on coming early to play paintball? _____ (If yes, please include \$15 extra)

Medical Information

Please list all current and approved medications (including medicine such as Tylenol):

Please list any allergies or health information (such as asthma):

Family Doctor _____ Doctor's Telephone _____

Insurance Co. _____ Policy No. _____

Details:

If playing paintball plan on arriving at 3:00 and heading straight to the paintball field.

Registration is from 5:30-6:15 in Bearinger.

The event ends at 12:00 on Sunday.

IMPORTANT!!!

Cost is \$20 with paintball being an extra \$15. Please make checks payable to EMD NYI.

Registrations must be postmarked no later than August 28th

Please mail them to:

Matt Phillips, 5236 Carroll Lake RD, Commerce MI 48382

I agree to follow the rules of the trip and respect all members and staff working on the trip. I understand that if I disrespect or misbehave during the trip my parent/guardian will be contacted and I might be asked to leave.

Student Signature: _____

I give permission to my son/daughter to participate fully in this trip and I support the rules. Further, should it be necessary for my son/daughter to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation responsibility.

Parent/Guardian Signature: _____