

2019 EMD Fall Getaway, Sept. 7th & 8th!

Registration Form (students & sponsors)

Name: _____ T-Shirt Size: _____ Grade: _____

T-Shirt (**CIRCLE ONE**): Color with Logo OR White with Logo in Black (which you will tie-dye at Fall Getaway)

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Home #: _____ Cell#: _____

Emergency Contact/phone: _____

Medical Information

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

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

Family Doctor _____ Doctor's Telephone _____

Insurance Co. _____ Policy No. _____

Details: Please circle which Registration; see Details here—>

***REGISTRATION A:** Participants will register, with their sponsor, in Bearinger at 1:30-2:30pm on Saturday.

***REGISTRATION B:** Participants will register, with their sponsor, in Bearinger at 4:00-5:00pm on Saturday.

***FOOD:** Dinner will be at 6:00pm on Saturday. There will be a light breakfast on Sunday morning.

***CONCLUSION:** The event ends at 12pm on Sunday.

I agree to follow the rules of the event and respect all members and staff working on the event. I understand that if I disrespect or misbehave during the event 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 event 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: _____

IMPORTANT!!!

Cost: \$40 due August 25th

*checks made out to Flushing Community Church.

*Money and registration forms must be turned in an envelop marked with student(s) name(s)

*We will be meeting and leaving the church around Noon on Saturday. If you still want to come you can have a parent drop you off for registration B.