



2010

Parent Release Form

I, _____ give permission as legal parent/guardian of _____ to travel to the BattleCry weekend youth convention with Word of Grace Christian CenChurch.

Departing on April 16th at 9:00am
Returning on April 18th at 7:00am

Student's Information

Name: _____ DOB _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

Insurance and Doctor Information

Insurance Carrier: _____
Policy Number: _____ Coverage Type: _____
Policy Holder's Name: _____ SSN: _____
Insurance Phone Number: _____

Doctor's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Work: () _____

List Allergies: _____
Medication Needed: _____

Parent Contact Info

Name: _____ DOB _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ Work #: _____ Mobile #: _____

Emergency Contact Info

In the event of an emergency contact these people:

Name: _____
Phone Number: () _____

Name: _____
Phone Number: () _____