

Social Security # of insured: _____

Participant's Doctor: _____ Phone #: _____

In an emergency, you may call the person listed below in the event a parent cannot be reached.

Name: _____ Phone: _____

Photo/Video Release

I further acknowledge that photos and videos taken of me during my participation may be used by Shelter Rock Church and/or our partner organizations at their discretion.

SIGNATURES

By signing you agree that the above statements are true and that you agree to abide by all of the rules and guidelines as set forth by SRC.

Participant: _____ Date: _____

Parent/ Guardian: _____ Date: _____

Print Parent/Guardian Names: _____ Cell #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____