

2011 Central District

Family Ski Trip

Spring Break, March 21-25, 2011

Host: First Christian Church of Great Bend, KS

Name _____ circle: Male | Female Age _____

Address _____ circle: Child/ Youth (12-18)/ Adult

City/State/Zip _____

Phone: (_____) _____ e-mail _____

Home church, City/State _____

Note any special need including diet needs: _____

Are you traveling with family? If so who? _____

My Adult Sponsor is: _____

Each church is expected to send **1 adult for every group of 6 youth**—OR, smaller groups are asked to find other groups with whom the youth may share sponsors.

HEALTH FORM

Weight: _____ Height: _____

Immunization: Date of last Tetanus shot _____; Tetanus booster _____

Health Concerns: Allergies _____

Allergic to: Penicillin _____ Sulfa _____ Insect Stings _____ Poison Ivy _____ Athletes Foot _____

Subject to Asthma _____ Convulsions _____ Skin Rash _____ Fainting _____

Diet Restrictions: _____

Medications: If parent/guardian sends any medications, it is required to be in the original container, with name and instructions printed on container. If applicant is on any regular medication, state drug and dosage: _____

Applicant may have: _____ Acetaminophen _____ Ibuprofen _____ Aspirin _____ Antihistamine

Person to notify in case of emergency:

Name: _____ Relation to Applicant _____

Phone (Home) _____ (Other) _____

Health and Accident Insurance: Please provide the following information:

Company _____ Policy Number _____

Part IV - In case of accident or illness:

I hereby give permission to the physician selected by the event director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for (name of applicant).

Signature: _____ Date: _____

Mail to: First Christian Church, 5230 Broadway Ave., Great Bend, KS 67530
Make checks payable to: First Christian Church