TWIN LAKES CHURCH 2017-2018

2701 Cabrillo College Drive • Aptos, California 95003 • (831) 465-3300

PARENT AUTHORIZATION & MEDICAL RELEASE FORM – Please fill out completely!!!

STUDENT'S NAME		GRADE	AGE
ADDRESS	CITY		ZIP
PHONE	EMERGENCY PHONE		SEX: M or F
I hereby give my permission to any li helper to hospitalize, secure treatment neither the church nor any individual be	o participate in the planned activities of TWIN LA censed physician and hospital selected by the grefor, and to order injection, anesthesia, or surgery e held responsible in the event of accident, injury, who are withheld from an activity due to disobedi	oup leader, staff for the above na or disobedience	f member, or volunteer amed. I understand that
	eccident insurance for group activities. Should an ses involved. The information you provide below w ank you."		
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2701 Cabrillo Col PARENT AUTHORIZATIO STUDENT'S NAME	llege Drive • Aptos, California 95003 ON & MEDICAL RELEASE FORM	3 • (831) 465 — <i>Please fill</i> _ GRADE	out completely!!! AGE ZIP
2701 Cabrillo Col PARENT AUTHORIZATIO STUDENT'S NAME ADDRESS PHONE I hereby give permission for my child to I hereby give my permission to any line helper to hospitalize, secure treatment to neither the church nor any individual by that no refunds will be given to students "Twin Lakes Church does not carry and expected to cover all the medical expension."	CITY EMERGENCY PHONE o participate in the planned activities of TWIN LA censed physician and hospital selected by the greater, and to order injection, anesthesia, or surgery the held responsible in the event of accident, injury, as who are withheld from an activity due to disobeding the sees involved. The information you provide below we have the provided below we hav	GRADE GRADE	AGE AGE SEX: M or F In case of emergency, f member, or volunteer amed. I understand that additionally, I realize the furry occur, you will be
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