

# Registration, TEENWEEK 2011

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## ***Thanks for coming to TEENWEEK 2011***

Make sure that you get your parent/guardian to fill out & sign the Parental Permission form.

### **Teen, Please fill in the following information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

What school will you attend this fall? Jeter \_\_\_ Clifton Middle \_\_\_ AHS \_\_\_ BCHS \_\_\_ CHS \_\_\_ Home \_\_\_ College \_\_\_

Other \_\_\_\_\_ Circle grade this fall: 7 8 9 10 11 12 grad.

### **Parent, Guardian, TW 2011 Parental Permission Form**

Teen's name: \_\_\_\_\_

Who to contact in case of emergency: \_\_\_\_\_

Phone (home & cell) where we could reach you during TEENWEEK \_\_\_\_\_

The above named young person has my permission to participate in TEENWEEK 2011.

Events at TEENWEEK 2011 include, but are not limited to: organized games; activities in mud; water balloon games; obstacle course; various sport activities (basketball, volleyball, football, soccer); and concert.

Please list any activities in which your child is not permitted to be involved: (Use another sheet if necessary.) \_\_\_\_\_

\_\_\_\_\_

List any allergies (use separate piece of paper if necessary): \_\_\_\_\_

\_\_\_\_\_

I agree to not hold the sponsoring churches or the TEENWEEK 2011 staff liable should an accident occur. The TEENWEEK policies have been reviewed, agreed upon, and a copy has been given to each parent/teen.

In the event of a medical emergency I understand that every effort will be made to contact me before any medical procedure is performed on my child. In the event that I cannot be reached I authorize one of the adult staff of TEENWEEK 2010 to sign for any emergency procedure deemed necessary by the attending physician.

Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

TEENWEEK is sponsored by several area churches. There is no charge for participation in TEENWEEK. An offering is taken on Thursdays. Food is provided at each TW event.