

# 2TWELVE

## STUDENT MINISTRIES

### Event Application

Event:	Date:
Event Details:	
Cost:	Money Due:
(Please submit form & registration money to: [Pastor Sam])	

#### Student Information

Last Name:	First Name:	
Grade:	Age	Gender: M   F
Phone:	Email:	
Address:	City	
Postal Code:	Province	

#### Parent / Guardian Information

Name(s):	Email:
Home Phone:	Cell #:
Other Phone:	

#### Medical Information

Health Care Provider:	Health Card Expiry Date:
Insurance Card #:	
Medical Conditions or Allergies: (Please make special note of food allergies)	Medication(s) Currently Being Taken: (Please note medication names and times taken)

### Permission Form

#### Student

I promise to abide by all rules and plans set forth by the leaders of [2twelve] / [Arlington Assembly] during the course of this event.	
Signature:	Date:

#### Parent

I / we are the legal guardians of the student named above and hereby give my / our permission for the named student to participate in the above named event with the leaders of [2twelve] / [Arlington Assembly of God]. I understand that in the event of an emergency that the leaders of (2twelve) / [Arlington Assembly of God] will do everything in their power to contact me personally, but that in the event that they are unable to do so, I / we give my / our permission for the leaders to seek necessary medical attention for the student named above.	
Signature:	Date:

#### Office Use Only

Approved (Circle One): Yes / No	Paid:	Owed:
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