



**JOIN US FOR:**

- . Unlimited Miniature Golf
- . Unlimited Go-Karts
- . Unlimited Bumper Boats
- . Unlimited Laser Tag
- . All-you-can-eat PIZZA & Soda Buffet  
(served for one hour; time determined at check-in)

**FRIDAY, March 26**

**6pm-12am**

**Cost: \$33**

**We'll be leaving from Summit View Church.**

**Contact: Casey Graves, Middle School Pastor, 260-8300**

**Directions to Summit View:**

Take Fourth Plain Blvd East to 182nd Ave.  
Turn left on 182nd and go 1/2 mile  
Summit View is on right-hand side

**the city**

Middle School Ministry  
Summit View Church  
7701 NE 182nd Ave. Vancouver, WA 98682  
www.summitview.net/thecity

**SUMMIT VIEW CHURCH**

7701 NE 182nd Ave • Vancouver, WA 98682 • (360)260-8300 • www.summitview.net

**Student Registration & Medical Release Form**

Name/Date of Event: Bullwinkles Fun Night, March 26, 2010

Student's Name: \_\_\_\_\_ Sex: M / F Phone: \_\_\_\_\_

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

(street) (city) (state) (zip)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies: \_\_\_\_\_

Medication(s) taken: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Holder's name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**EMERGENCY PHONE NUMBERS**

Name/Relation 1: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name/Relation 2: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

**LIABILITY RELEASE**

I give permission for my child, as named above, to participate in Summit View Church's sponsored event, as named above, on the dates listed above. I hereby release Summit View Church, its employees and agents from responsibility and liability for any illness or injury that the above named child may sustain during any activity.

**MEDICAL RELEASE**

In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me to consent to any x-ray examination; medical, dental, anesthetic, or surgical diagnosis; treatment; and hospital care advised and supervised by a licensed physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either at the physician's office or in a hospital. I understand the activity director will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the activity personnel responsible if efforts to contact me (us) are unsuccessful. I further promise to hold harmless Summit View Church and/or its employees, agents and volunteers from any and all expense incurred pursuant to this authorization in obtaining medical treatment and/or transfer, including but not limited to: ambulance expense, cost of paramedics, hospital expense and/or physician charges.

important insurance note: In the event of an injury to the attendee, it is the policy of the church that the individual's insurance be primary and Summit View Church medical coverage be secondary.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Payment Information:  Cash  Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_