GYM & GYL Registration Form

Youth's name		
Parent's name(s)		
Address		Zip
Phone number		
Email address		
Youth's age Youth	n's grade level	
School child attends		
Church child attends		
Emergency Contact Inform In case of injury or other prob		
Name	Relationship	Phone
Name	Relationship	Phone
Hospital choice:		
Physician's Name:		
Please state any conditions th	at might limit your child's ac	etivities
Is your child currently taking	any medications? If so, wha	at, and please specify
Does your child have any alle	ergies (please include medici	nes and foods)
Does your child carry any me	dicine on his/her person? If	yes, what and please specify

I, the parent or legal guardian, of the child named on page 1, hereby grant my permission for him/her to participate in the GYM & GYL Program. I acknowledge the fact that he/she is			
physically able to participate in the GYM & GYL Program physically able to participate in group activities. I employees, Board of Directors, Volunteers, and/or illnesses which may be sustained by my child due any other of the activities thereof, and authorize tree emergency basis in the event that such treatment be for any picture taken of my child to be used in presidentifying information such as my child's name w for my child to ride on the buses or church vans that Ministries for the GYM & GYL program. I affirm	release Living Abundantly Ministries, its sponsors form all claims from injuries or to any participation, transportation in effect of eatment of the above named participant on an ecomes necessary. I also give my permission sentations and publicity. I understand that any vill not be used in the pictures. I give consent at may be used by Living Abundantly		
Signature	Date		
Signature of representative from sports camp	Date		