

Return completed form by
Jan. 28th to: Donna Asbridge
210 W. White St.
Freeburg, IL 62243



Name _____

Church _____

Address _____

Baptized - Yes No / Confirmed - Yes No

City _____

Parent/guardian _____

Phone (____) _____

Phone (____) _____

Email address: _____

Emergency contact: Please provide information for someone other than parent/guardian in case they cannot be reached.

Grade ____ Male/Female ____ Birthday _____

Name _____

T-Shirt size: child / adult S M L XL XXL

Relationship _____ Phone(____) _____

COMMUNITY LIVING AGREEMENT: I agree to participate in all program activities, worship, meals, and clean up as required. I also agree to refrain from using electronic devices and screens, not limited to cell phone. I will treat others and their property with respect. I will not leave the church during the weekend except as directed. I further agree that smoking, alcohol, and sexual activity is prohibited. Disregard for this agreement may result in removal from the weekend.

X _____
Participant's Signature

MEDICAL INFORMATION:

Allergies _____ Dietary Restriction: Vegetarian / diabetic / other _____

Medications/Health Problems:

Insurance Company

Physician's Name

Policy Number

Physician's Telephone Number

Group # _____ Private _____

Hospital: Memorial / St. Elizabeth's

MEDICAL AUTHORIZATION:

I understand that my signature authorizes the staff of THE WAY weekend to secure medical treatment needed for (name) _____. I further understand that I will be responsible for all expenses incurred.

X _____
Adult Participant/Parent/Guardian Signature

Relationship to Participant Date: _____

Make check payable to: St. Paul's THE WAY - \$20