

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



Name _____

Church _____

Address _____

Baptized - Yes No / Confirmed - Yes No

City _____

Phone (____) _____

Phone (____) _____

Emergency contact: Please provide the following information:

Email address: _____

Name _____

Grade ____ Male/Female ____ Birthday _____

Relationship _____ Phone(____) _____

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

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 screens, not limited to my cell phone. I will treat others and their property with respect. I understand 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 / Other: _____

MEDICAL AUTHORIZATION:

I understand that my signature authorizes the staff of THE WAY weekend to secure medical treatment for me, or my child if he/she is participating, should it be deemed necessary. I further understand that I will be responsible for all expenses incurred.

X _____
Adult Participant

X _____
Parent or Legal Guardian of Minor Participant

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