



LAURELVILLE 2016
\$150

Event Participation Agreement

Name _____ Phone _____
 Address _____ City _____ Zip _____
 Birthdate _____ Age _____ Grade _____
 Parent/Guardian _____
 Insurance _____ Agree/Group# _____
 Allergies _____ Medications _____

I/We, _____, parents/guardians of the above named participant give permission for them to participate in the event referenced above. In the event that he/she is injured while under the care of North Way Christian Community and/or its representatives, and requires the attention of a licensed medical professional, I/We hereby consent to and will be financially responsible for any medical treatment as deemed necessary by a licensed medical professional. I/We further agree to hold the licensed medical professional, the medical facility, North Way Christian Community and its representatives free and harmless of any and all claims, demands, obligations, or legal actions for damages arising from the authorization and/or provision of such treatment. I/We fully understand the nature and any/all of this event and do hereby release North Way Christian Community and its representatives from any liability due to accident or injury incurred by or to my/our child/ward.

 Signature of parent/guardian or self if adult leader
 Phone # where I can be reached during the event _____

12121 Perry Highway
 Wexford, PA 15090

REGISTER ON LINE @
northway.org/StudentEvents
THEN TURN IN YOUR FORMS
Please complete both sides

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- Middle School Nov 11-13**
- High School Nov 18-20**

REGISTRATION AND MEDICAL WAIVER FORM

Name: _____ Birth date: _____
 Age: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ School: _____
 Grade: _____ Group: North Way Christian Community
 Parent/Guardian's Name: _____

Insurance: _____ Group#: _____

Date of last Tetanus: _____ Allergies: _____

In case of Emergency: I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the PITTSBURGH KIDS NETWORK (PKN) permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by PKN. I give permission for those administering emergency treatment to do so, using those measures deemed necessary. I absolve PKN from liability in acting on my behalf in this regard so long as PKN is not grossly negligent.

Signature of Parent/Guardian or Self if adult leader: _____
 Date _____

Phone #(s) where I can be reached: _____

Alternate _____ Contact _____

Relationship: _____ Phone #: _____