

ROCK ISLAND CAMPUS
 4801 44th Street
 Rock Island, IL 61201
 309.788.2030



BETTENDORF CAMPUS
 2700 Middle Road
 Bettendorf, IA 52722
 563.449.5530

**REGISTRATION/PERMISSION SLIP AND
 MEDICAL RELEASE FORM**



Event:
When:
Time:
Where:
For Whom:
Registrations Due:

Child's Name			Date of Birth
Home Address			
City	State	Zip	Home Phone
Parent or Guardian's Name			Cell Phone
Father's Employer			Work Phone
Mother's Employer			Work Phone
Insurance provider			Policy Number
List of Known Allergies			
Other Person to Call in Case of Emergency		Home Phone	Cell Phone
Child's Physician			Office Phone
General Medical history			

By signing this form, I give permission for my child to participate in this planned event. I also give consent and authorization for emergency transportation and any medical treatment my child may require in the unlikely event my child may be injured while on a planned event that is offered through the *Student Life Ministry* at Heritage Wesleyan Church. I, the undersigned, do not hold Heritage Wesleyan Church, staff or volunteers, responsible should anything happen to my child.

Parent/Guardian Signature

Date

Unfortunately, we are not able to offer refunds for Statik events due to prepayment necessity to outside locations and transportation companies.

NO REFUNDS