

INFORMATION

First Name		Last Name	
Address			
City	State	Zip Code	
Cell Phone	Home Phone		
Church Member	<input type="checkbox"/> Yes or <input type="checkbox"/> No	Email Address	
Allergy's	Special Medical Conditions		

PARENT/GUARDIAN INFORMATION

First Name		Last Name	
First Name			
City	State	Zip Code	
Cell Phone	Home Phone		
Church Member	<input type="checkbox"/> Yes or <input type="checkbox"/> No	Email Address	

TRIP INFORMATION

Venue Name			
City	State		
Date Departure	Time Departure		
Date Return	Time Return		
Stop Overs			
Trip Cost			

TRANSPORTATION

<input type="checkbox"/> Riding Church Van			
<input type="checkbox"/> Riding with Friends	Drivers Name		
<input type="checkbox"/> Riding with Other Church Member	Drivers Name		

I, the undersigned, in consideration for the participation of my son/daughter in this field trip, do hereby waive, release and forever discharge Lowery Creek Baptist Church, their agents, employees and anyone else connected with this activity from any and all harm resulting from injuries sustained as a result of my son/daughter's participation in this event. I also grant the right to administer all medical services that may result from injuries during participation, including emergency and referral if necessary.

SIGNATURE: _____

DATE: _____