



Pepper
6

Flourish groups

Grade Entered in Fall 2010 _____ School Attending in Fall 2010 _____

First Name _____

Last Name _____

Student Email _____ Student Cell Phone _____ Carrier _____ (to receive weekly VSM text)

Male Female Birthday ____/____/____ Have you been baptized? Yes No If yes, what year? _____

Parent(s) Name _____

Parent(s) Email(Required for communication) _____

Address _____ City _____

ZIP _____

Home Phone _____

Parent Permission Students Name (Please Print) _____ I am the parent, legal guardian, or the care giver who is a relative of, and hereby authorize medical and dental care for Minor to take part in and or all VSM Events and all activities involved with each event between the dates of January 2010 and June 2010. I hereby authorize Praise Assembly, into whose care Minor had been entrusted, to consent to medical or dental treatment or care for Minor. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care under the general or special supervision and upon the advice of or to be rendered by a physician or surgeon licensed under the Medical Practice Act and to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care by a dentist licensed under the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, and is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment may deem advisable. I further authorize Praise Assembly to receive physical custody of Minor upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody of Minor to Praise Assembly. I understand the nature to the event and do hereby release, on behalf of myself and Minor, Praise Assembly and its employees, staff, and volunteers from liability or claims arising from or related to the event.

Parent Name (Please Print) _____

Parent Signature _____

Please fill out entire form and return to VSM

PLEASE FILL OUT ENTIRE FORM AND RETURN TO VSM along with \$25