

Laser Tag

Release Form

Student's Name: _____
DOB: _____ Grade (08-09 yr): _____
Leader: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _ (_____) _____

Parent/Guardian

Work Phone: _ (_____) _____ Cell: _ (_____) _____
I, _____ (Parent Name), give permission to my above son/daughter to go on the Laser Tag trip with Long Hill Chapel Youth Ministries. I hereby release and indemnify Long Hill Chapel Youth Ministries of Chatham, NJ and its staff and leaders from any and all liability arising from claim of any kind or nature whatsoever from my child's participation in this event.

I grant permission for the administration of First Aid if needed to my student by the leaders in charge of the event, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery deemed necessary for my child. Finally, I agree to accept any and all financial responsibilities as a result of scheduling medical treatment.

Regular Physician: _____ Phone #: _ (_____) _____

Insurance Information

Insurance Company: _____ Policy Holder: _____
Policy #: _____ ID/SS#: _____
Allergies and/or special medical concerns your child may have:

In Case of an emergency, contact:

Phone #: _ (_____) _____

Signature:
