

EVERGREEN MINISTRIES

PARENTAL RELEASE, HEALTH FORM, & INSURANCE WAIVER

Student's Name _____ Date of Birth _____

Address _____ Graduation Year _____

City _____ State _____ Zip _____ Student Cell (if applicable) _____

Student Email (if applicable) _____ Grade _____

School Attending _____

T-Shirt Size (circle one): Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

EMERGENCY CONTACT:

Parent/Guardian Name _____ Relationship _____

Address (if different) _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Best way to contact _____

Email _____

ALTERNATE CONTACT & SAFETY:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Please provide the name(s) of person(s) your child may **NOT** be released to (if applicable) _____

SPECIAL NEEDS:

Does your child have any special needs we should be aware of? ____ Yes ____ No

How can we fully support you in these needs during this ministry? _____

HEALTH HISTORY:

Allergies (include medications) _____

