



2677 Willakenzie Rd. Suite 7G Eugene, OR 97401
541.912.9411

Youth Trip Sign Up Form

Trip Name: _____ Trip Date: _____

Student Name: _____

Birthdate: _____ Male/Female: _____

Address: _____

City, State & Zip: _____

** Please list parent contact information instead of child's*

Home Phone # () _____ Cell phone# () _____

Work Phone # () _____ Email: _____

Family Physician: _____ Phone # _____

Physician's City and State _____

Health Insurance Company _____ Health I.D.# _____

Relative or Friend to Contact in Case of Emergency:

Name: _____ Relationship to student: _____

Day Phone #: _____ Night Phone #: _____

Authorization to consent to Medical Treatment of Minor Child

In the event that a serious accident or illness befalls your child, Ekklesia Church will first make every effort to contact you at home or place of business to comply with your instructions. If you cannot be located, Ekklesia Church is authorized to:

1. Contact the family physician or alternative names listed above and follow their instructions.
2. Transport the above child to a local hospital for treatment by emergency room physician on duty.
3. The undersigned hereby authorized physician named to give consent for any procedure or hospital care deemed advisable by said doctor. In the event that the doctor is not available, Ekklesia's leadership is authorized to give necessary consent for any treatment, care, diagnosis, and/or examination of the person named.

I hereby release Ekklesia Church, its' employees and agents from all liability whatsoever for any injury, damage, or loss which may be sustained by my child during the course of involvement with Ekklesia Church.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

- Payment:** (circle one) Cash Check _____
- Release Form**
- Scholarship** (to be approved by a pastor/elder)