

Christ Lutheran Church

**AUTHORIZATION FOR
PERMISSION TO ATTEND
Craz Night at Great Wolf Lodge,
May 3-4, 2019
Cost: \$100 Deposit needed: \$20**

Child's Name (First, Last): _____

Date of Birth _____ Age _____ Grade in Fall (2018) _____

Parent(s)/Guardian(s) _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Information

I give permission to any adult leader supervising my youth to secure any medical care they deem necessary while I, or my child, participate in any program sponsored by Christ Lutheran Church. In a situation where medical care is required these steps may include, but are not limited to an attempt to contact a parent or guardian, administering basic first aid for minor incidences, seeking a professional medical examination and/or treatment, etc. Any expenses incurred for medical treatment will be the responsibility of the participant's medical /dental coverage or family.

Parent/Guardian Signature _____ Date _____

Emergency Contact, if parents cannot be reached _____

Relationship to child: _____ Emergency Contact Phone Number _____

My child is attending and participating in Craz Night at Great Wolf Lodge on May 3-4, 2019 through Christ Lutheran Church. I hereby authorize my child's participation. I have read the information on this form and filled in the requested information to the best of my knowledge. I understand that it is my responsibility to inform Christ Lutheran if this information changes in the future. I hereby release Christ Lutheran from any liability as a result of my or my child's participation in programs sponsored by Christ Lutheran Church.

Parent/Guardian Signature _____ Date _____