

Medical Authorization Form

Field Trip to the Sixth Avenue Skatepark in Nashville

Medical Authorization/Permission slip must be signed by parent or guardian (or by attendee if over 18).



Participant's Names _____

Parent/Guardian

First & Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Birth Date ____/____/____

Year in School _____ E-Mail Address _____ @ _____

Emergency Phone # _____ Night: _____

& Who to ask for Day: _____

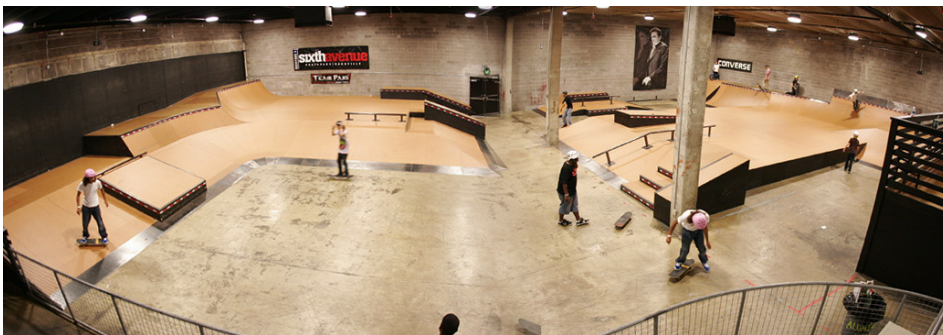
Insurance _____ Policy _____
Company _____ Number _____

Important Medical Information _____

My son/daughter has permission to go to the **Sixth Avenue Skatepark in Nashville** Friday, July 8th, 2016. *(we will meet at the Paradox 8:45AM)*

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by Bill Kucenski to secure proper treatment for my child as named above.

Parent/Guardian's Signature _____ Date _____



I Agree to act in a Christian manner and to listen to the guidance of my counselors and to be courteous and helpful to others. I also agree to not using any illegal substances, to refrain from smoking and to not be involved in any sexual activity. I understand that if I break this covenant I will be sent home and will not be reimbursed for this activity.

I understand that I will be required to wear a helmet at all times while skateboarding.

Student's Signature _____ Date _____