



## District College Gathering – June 25-28, 2007

PLEASE COMPLETE ENTIRE FORM FOR MINORS, AND ENTIRE FORM MINUS BOX 2 FOR ADULTS.

Participant Name: _____		Phone: _____	
Address: _____			
Church/Group Name: _____			
Age: _____	Birth Date: _____	Email _____	Male <input type="checkbox"/> Female <input type="checkbox"/>

Parent/Guardian Name: _____		Phone: _____	
Address: _____		Occupation: _____	
Work Phone/Pager: _____		E-Mail: _____	

Adult Participant or Parent/Guardian are required to sign document below to acknowledge understanding & agreement of the content.

Name of Participant: _____	
(Please Print)	
<p>I, the undersigned person or if a minor, parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the activities offered by District College Gathering. The undersigned person or minor is physically able and mentally prepared to participate in all activities offered. In consideration of said person or minor being permitted to participate in the District College Gathering, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself or as parent/person having legal custody/guardianship hereby:</p> <ol style="list-style-type: none"> <li>1. Acknowledge that (i) I have read this document and I voluntarily sign this document.</li> <li>2. Release District College Gathering, it's directors, officers, employees and volunteers (collectively "Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releases or otherwise and while traveling to, during and traveling back from the PSD District College Gathering.</li> <li>3. I agree not to sue Releases for any loss, damage, injury or death described above and I will indemnify and hold harmless Releases and each of them from any loss, liability, damage or cost they may incur due to said person or minor's presence during the District College Gathering whether caused by the negligence of Releases.</li> <li>4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releases or otherwise.</li> <li>5. I do hereby authorize Releasees as agent for the undersigned, to consent with respect to said person or minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that District College Gathering or individuals planning or working the trip is not responsible for cost incurred for medical care.</li> <li>6. Releasees may use the above listed participants photo for promotional purposes including website and flyers.</li> </ol>	
Adult Participant or Parent/Guardian Signature _____	Date _____

**Emergency Information-PLEASE WITH COMPLETE TWO EMERGENCY CONTACTS OTHER THAN THE GUARDIAN LISTED ABOVE**

Name of Contact: _____		Relationship: _____	
Address: _____		Phone/Cell: _____	
Phone/Home: _____	Phone/Work: _____		
Name of Contact: _____		Relationship: _____	
Address: _____		Phone/Cell: _____	
Phone/Home: _____	Phone/Work: _____		

**Health History Information**

<b>Check If Applicable or Allergic:</b> <input type="checkbox"/> Diabetes <input type="checkbox"/> Insect Stings <input type="checkbox"/> Penicillin <input type="checkbox"/> Epilepsy <input type="checkbox"/> Behavioral Problems	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Operations/Serious Injuries/Diseases/Restrictions on Physical Activity: _____	
<input type="checkbox"/> Height _____	<input type="checkbox"/> Weight _____
<input type="checkbox"/> Name and purpose of any medication: _____	

**Information Required by State Law**

Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No    Company: _____
Policy Number: _____    Family Doctor: _____
Doctor's Address: _____    Doctor's Phone: _____