

# White Out 2005 Online Registration Form

Directions: Print this form, fill it out, and Turn it in to Brett Reid or Michelle Hall in the church office along with your payment of 65.00. You can also mail this information to:

Camano Chapel, ATTN White Out  
867 S. West Camano Dr.  
Camano Island, WA 98282

Students Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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### Release Form:

I hereby release Camano Chapel, its staff and sponsors, from responsibility and liability for any injury or illness that my student may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate), licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Parent/Guardian's Signature \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Emergency Phone Number(\_\_\_\_) \_\_\_\_\_

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### Medical Information:

Allergies: \_\_\_\_\_ Medications being taken \_\_\_\_\_

Special Needs: \_\_\_\_\_

Medical Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Subscribers Name: \_\_\_\_\_