



**WEST SIDE STUDENT MINISTRY**

High School MERGEgiving | 11/27 6-7:30pm

I give permission for my child \_\_\_\_\_  
to accompany West Side student ministry around the Tri-Cities for dinner. Transportation will be by van and/or private vehicle, driven by West Side student ministry leaders and/or parents. I will not hold West Side church or the adult leaders or parents responsible in the event of personal injury or accidental death.

Arrive at West Side Church on Monday, November 27th at 6pm. Pick up is at West Side Church on Monday, November 27th at 7:30pm. There is no MERGE on the 26th.

Signed \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

(parent or legal guardian)

Please fill out the 2023-2024 Medical Release Form (see other side)

I have already filled out the 2023-2024 Medical Release Form

High schoolers, join us for a fun opportunity to bless others in our community while enjoying a dinner in a fun and challenging new way! We are asking that everyone bring at least one non-perishable food item to be donated to Richland Lutheran Church's food pantry. We will then go out for dinner in smaller groups. Everyone will be given \$2 and your group must combine it's money and figure out how to buy dinner for yourselves, which will help us better understand what it is like for people who go with less. However, for every additional non-perishable food item you bring (up to 10) you will get an additional \$.10 (up to \$1) that will go towards your groups dinner.



**Student Information & Medical Release Form**

June 1, 2023 – May 31, 2024

Today's Date: \_\_\_/\_\_\_/\_\_\_

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

School: \_\_\_\_\_ Grade [2023-24 school year]: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Would you like to receive calendars, postcards, and other mailings from West Side Youth? *Yes / No*

Student Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Text Updates? *Yes / No*

Student Email: \_\_\_\_\_ Email Updates? *Yes / No*

Parent/Guardian Info:

Name(s): \_\_\_\_\_ & \_\_\_\_\_

Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Text Updates? *Yes / No* Text Updates? *Yes / No*

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Email Updates? *Yes / No* Email Updates? *Yes / No*

Medical Information

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies [including drug reactions]: \_\_\_\_\_

Regular medications: \_\_\_\_\_

**Photo/Video Release and Waiver:**

I hereby authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said events participation therein, and the publication or other use thereof. I hereby waive any right to compensation therefore or any right that he/she otherwise might have to limit or control such making or use.

**Medical Release and Waiver:**

I authorize my child, \_\_\_\_\_, to participate in West Side Church Youth activities, and as a condition of his/her being allowed to do so I hereby release and discharge West Side Church and its constituent organizations and its officers, agents, and employees from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in West Side activities, whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individuals named or described above.

I hereby warrant and represent that he/she is physically fit and capable of taking part in such activities on the basis of advice given to me by his/her duly licensed medical doctor within the last twelve months, and I know of no change in his/her medical condition since receiving such advice that would affect the opinion of said medical doctor. I hereby give consent for medical treatment to be given to

Doctor: \_\_\_\_\_ Doctor's Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Additional Information: \_\_\_\_\_

Parent or Guardian Name (*print*) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Best Contact Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact (other than parent/guardian) \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_