

Kalahari Fall Weekend On-Line Registration Form

In the event that your child becomes ill or is injured during the following activity, Kalahari 2008, we request that Young Life be given permission to take your child to the nearest medical facility or healthcare provider and have the necessary treatment administered. Your signature below will acknowledge you acceptance and understanding of Young Life's role in the medical care of your child.

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Young Life the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Young Life, I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Young Life from liability in acting on my behalf in this regard.

(Please Print)

Name of child _____ email: _____

Phone () _____ High School _____ Birth date _____ Year of Graduation (circle) '09, '10 '11 '12

Address _____ City _____ State _____ Zip _____

SIGNATURE OF PARENT OR GUARDIAN:

Name _____ Relationship _____ Home Phone () _____

Work Phone () _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Signature _____

Deposit Enclosed: \$70 Paid in Full: \$135 Make checks payable to Young Life. ALL DEPOSITS ARE NON-REFUNDABLE

Please E-mail me at _____ with details on fundraisers.

Mail this form and your deposit to:
Young Life Cleveland West Shore
27070 Detroit Rd. Lower Level #1
Westlake, Ohio 44145
yldaldguy@vi1.net

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