

# **REGISTRATION AND MEDICAL WAIVER FORM**

Jr. High  Sr. High \_\_\_\_\_ Fall Weekend Date: Nov. 6-8, 2015  
Check One

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Group: Beverly Heights Church  
Parent/Guardian's Name: \_\_\_\_\_ Insurance: \_\_\_\_\_ Group#: \_\_\_\_\_  
Date of last Tetanus: \_\_\_\_\_ Allergies: \_\_\_\_\_

In case of Emergency: I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the PITTSBURGH KIDS NETWORK (PKN) permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by PKN. I give permission for those administering emergency treatment to do so, using those measures deemed necessary. I absolve PKN from liability in acting on my behalf in this regard so long as PKN is not grossly negligent.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_  
Phone #(s) where I can be reached: \_\_\_\_\_ Alternate \_\_\_\_\_  
Contact \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Deposit: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_ Balance Paid: \$ \_\_\_\_\_ Full Payment: \$ \_\_\_\_\_

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