



WHEN: Friday, March 13th

TIME: 8:30 p.m. - Midnight

COST: \$3.00

WHO: Jr. and Sr. High Students

SIGN-UP: Deadline for team sign-up is
Wednesday, March 11th [a team is 6 players]

Not on a team? No problem sign-up at The Studio
and we will place you on a team!

Permission & Emergency Release Form

Name of Child Participant: _____

I understand by signing this form I am giving permission for the listed student to participate in above activity/event sponsored by First Assembly. The above described event could involve the risk of bodily injury. By signing this agreement, I, for myself and my successors and assigns, agree to not hold First Assembly, or its employees, volunteers or agents liable for damages, losses and injuries to the person and property of the listed student.

First Assembly is not responsible for personal belongings. _____ (Initial)

Inappropriate conduct by the student will result in the student being transported home at the parents' expense. _____ (Initial)

Pictures/Videos: I authorize First Assembly to use my child's likeness in photographs or video in any and all of its publications and other media. I will make no monetary or other claims against First Assembly for the use of such photos or videos. _____ (Initial)

Medical Treatment Authorization

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury or illness received by said minor. I consent to any x-ray examination, anesthesia, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician or surgeon. This authorization also extends to any x-ray examination, anesthesia, dental, or surgical diagnosis or treatment and hospital care by licensed dentist. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I further agree to pay all charges for the dental, medical, or hospital care or treatments rendered to my child. _____ (Initial)

Parent/Guardian Name: _____

Parent/Guardian Cell #: _____

Medical Insurance: _____ Policy #: _____

Doctor's Name: _____ Dr. Phone #: _____

Please list below any allergies, medical or security concerns:

Parent/Guradian Signature: _____ Date