

SUMMER BLAST 2018 REGISTRATION

Please detach and send this form and \$75/child to:
Lindell Study Center—Summer Blast, 700 W. Essex, Kirkwood, MO 63122, by May 28, 2018.

Make checks payable to Lindell Study Center.

Please complete both the Registration and the Medical Release form for each participant.

Participant Name: _____ Phone: _____

Address: _____ City / State / Zip: _____

School now attending: _____ Grade entering: _____

Date of Birth: _____ T-shirt size: S M L XL

Mother's name: _____ Father's name: _____

Email address: _____

How did you find out about this activity?

We give Lindell Study Center permission to use camp photos of our children in publicity materials such as our brochure and website. Please circle your response and sign below: YES NO

Parent's signature: _____

Date: _____

MEDICAL RELEASE INFORMATION

Name of child: _____

Date of birth: _____

Medications: _____

Allergies: _____

Medical conditions that may affect emergency treatment: _____

Health insurance company: _____ Policy Number: _____

In connection with "Summer Blast 2018" taking place on June 19-21, 2018: In the event of injury, I authorize emergency treatment of my daughter by appropriate hospital, physicians, and other health care providers. I hereby release Lindell Study Center and its volunteers and staff from any and all liability in the event of injury. A copy of this release may be used in place of the original, if necessary.

Parent/Legal Guardian (Print name): _____

Signature: _____

Date: _____