

**GOPHER & TEAM REGISTRATION
AND
MEDICAL RELEASE**



To be completed by Youth or Adult Participant:

I plan to come to this Chrysalis Flight with a servant heart, dedicating all activities and service to the Lord this weekend. I will follow the leading of the Gopher Team Directors and/or Lay Directors and pray that all my actions will be to the glory of Jesus Christ and not to myself.

Signature of Participant: _____ Date: _____

Address: _____ City: _____ State: ___ Zip _____

Phone #1: _____ Phone #2: _____

Comments: _____

Return completed Registration by Decmeber 20, 2010 to: Curtis & Terri Current
7045 SW Indian Hills Rd.
Auburn, KS 66402
ccurrent@ix.netcom.com

The Gopher Registration Fee of \$50 will be collected at Registration.

**Emergency Medical Treatment Authorization
For Gophers and Team under 18 years of age**

To be completed by Parent or Guardian:

I, _____, parent or legal guardian of _____ do hereby give my consent to the leadership of Cross Winds Chrysalis to act on my behalf for said minor in granting permission for evaluation or treatment of minor medical problems. I understand that, should a major medical problem arise, I will be notified by phone. In the event that I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary, (including x-ray examinations and anesthesia) to said minor by a licensed physician or physicians. I certify that I have read and fully understand this authorization..

Signature of Parent or Guardian: _____ Date: _____