

**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: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Comments: \_\_\_\_\_

Return completed Registration by December 18, 2011, 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.**

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**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: \_\_\_\_\_