



Corporate Logo

PARENT/LEGAL GUARDIAN PARTY/LOCK-IN PERMISSION FORM

Student's Name: _____ Date Of Birth: _____

Parent's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Phone #: _____ Email: _____

Destination: Rockwall Indoor Sports Expo; 2922 South HWY 205; Rockwall, TX 75032

Supervision: RISE will provide employees and managers. We request that there be (1) chaperone per 12 youth. If any youth are disruptive, their parents will be called and asked to pick them up promptly. If you would like your son/daughter to participate in this event, please complete, sign and return the following statement of consent and acknowledgment. As parent or legal guardian you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participant.

Activities: I understand by signing below my child has permission to volunteer and participate in any activity at RISE. My child has permission to participate in all events scheduled by the lock-in / party committee. I agree to waive, and covenant not to sue any representatives, owners, agents, employees, and/or volunteers of RISE on account of injury, property, or property damage alleged to be caused in whole or in part of affiliates' actions or omissions. I knowingly assume the risk.

I hereby consent to participation by my child, _____ in the event described above. I understand that this event will take place away from the organization's facility and that my child will be under the supervision of the designated employee of the organization or volunteer on the stated dates.

Print Name: _____ Parent/Guardian signature: _____

MEDICAL TREATMENT RELEASE FORM

TO WHOM IT MAY CONCERN,

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of minor: _____ Relationship: _____

This release form is completed and signed on my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Print: _____ Sign: _____ Date: _____

Address of minor: _____ Phone: _____

Emergency contact 1: _____ Phone: _____

Emergency contact 2: _____ Phone: _____

Family physician: _____ Phone: _____

What hospital does your family physician prefer?

(Your child will only be taken to this hospital if possible within the interest of time and the injury)

List allergies: _____

Illnesses: _____

Injuries or other pertinent information: _____

List any medications your child is currently taking, include directives: _____

Indicate any possible side effects as indicated by the pharmaceutical company: _____

HEALTH INSURANCE DATA:

Name of Company: _____ Policy number: _____

Group Number: _____ Contract Number: _____

(COPY OF THIS FORM IS AS VALID AS THE ORIGINAL)