

# WASHINGTON PACIFIC DISTRICT NYI

## EVENT PERMISSION SLIP & MEDICAL RELEASE

I give permission for \_\_\_\_\_  
to participate in attending: WaPac District NYI Main Event Talent & Sports  
Days (March 17, 24, 2012)

I release medical and accidental injury responsibility and liability from  
Enumclaw Church of the Nazarene, Mountain View Church of the  
Nazarene, Washington Pacific District Church of the Nazarene and adult  
sponsors, and give permission for adult sponsors to sign in my absence for  
emergency medical care.

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN'S NAME (PRINTED)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
BUSINESS PHONE

\*

\_\_\_\_\_  
INSURANCE COMPANY

\_\_\_\_\_  
POLICY NUMBER

\_\_\_\_\_  
POLICY HOLDER'S SOCIAL SECURITY NUMBER

\_\_\_\_\_  
EMERGENCY CONTACT #1 (NAME, PHONE #, RELATIONSHIP)

\_\_\_\_\_  
EMERGENCY CONTACT #2

\*MUST COMPLETE ALL INSURANCE INFORMATION