

# Molokai Spring Break Service Trip 2017 Registration Form – Fill out completely!

Full Name (First/Middle/Last):

Address:

Student Email:

City:

Parent Email:

Zip:

Phone:

Age:

Grade:

Birthday & Year:

Parents/Guardians Names:

Medical Insurance Company:

Policy Number:

Medical Insurance Phone Number:

Check the box if it pertains to you: (it will stay confidential)

Although I am paying the non-refundable \$500 deposit, there  
might be a possibility that I couldn't go (sports, etc.).  
If so, when would you know by? \_\_\_\_\_.

## **Medical and Liability Release**

With the understanding that adult supervision is provided, I, the parent or guardian of \_\_\_\_\_ Do hereby release the staff and officers from liability of accident, illness or injury during his/her attendance of Logos Spring Break Service Trip to Molokai, April 17-April 23, 2017. I authorize any transportation or treatment deemed necessary by an accredited hospital and/or physician for my child in case of emergency.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date