



SPRINGFEST

2012 May 18-20
Cost \$30



KEEP this Half

MAIL this Half

SPRINGFEST REGISTRATION FORM

NAME _____ GENDER: **M** **F** AGE: **STUDENT** **ADULT**

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

CHURCH (WHO YOU ARE COMING WITH) _____

EMERGENCY CONTACT _____ PHONE (____) _____

ALTERNATE CONTACT _____ PHONE (____) _____

INSURANCE CARRIER _____ POLICY # _____

LIABILITY RELEASE

I RELEASE SPRINGFEST AND WESTSIDE CHURCH OF CHRIST OF ANY AND ALL FINANCIAL RESPONSIBILITIES RESULTING FROM INJURIES OR DAMAGES THAT MAY BE A RESULT OF ACTIVITIES DEEMED APPROPRIATE DURING SPRINGFEST, THE WEEKEND OF MAY 18-20, 2012.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

MEDICAL AUTHORIZATION

IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY ANYTIME MAY 18-20, 2012, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY SPRINGFEST AND WESTSIDE CHURCH OF CHRIST TO HOSPITALIZE, TO SECURE PROPER TREATMENT, TO ORDER INJECTION, ANESTHESIA, AND/OR SURGERY FOR MY CHILD AS NAMED ABOVE. I GIVE PERMISSION TO SPRINGFEST AND WESTSIDE CHURCH OF CHRIST TO PROVIDE FOR MY CHILD A CERTIFIED FIRST AID PROVIDER TO ADMINISTER FIRST AID AND OVER-THE-COUNTER MEDICATION AS NEEDED FOR ILLNESS OR INJURY AS WELL AS THE MEDICATION NOTED ABOVE.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

Give completed registration form and payment to your Youth Leader or mail to the address below.
Please make checks out to Westside Church of Christ.

Springfest / Westside Church of Christ / 7300 Stockdale Highway / Bakersfield, CA 93309