

7:01 REGISTRATION FORM

Annual Registration Fee \$45.00 _____

***Please Make Checks Payable to Evergreen Community Church

3RD - 5TH GRADE

Name _____ Birthday _____ Grade _____

Address _____ City, Zip _____

Phone _____ E-mail _____

Parents/Guardians _____ Cell _____

Emergency Contact _____ Phone _____

Allergies/Medical _____

AUTHORIZATION TO TREAT A MINOR

I (we), the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Washington Department of Public Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Date: _____ Signature of _____
Father and/or Mother, Guardian

EVERGREEN
COMMUNITY CHURCH

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P. 425.402.1773
www.evergreen-cc.org