

Casting Crowns Concert

for Young Adults (ages 18-30's)

Friday, April 12, 2019

Participant Name _____ Age Range: 18-21 22-29 30+ Male / Female

Primary Phone _____ Can we text this number? Yes / No

Primary Email: _____
(email is primary communication unless you note a different preference.)

Able to drive if carpooling is needed? ____ Yes ____ No ____ Contact me if needed Vehicle Capacity: _____

Other Comments: _____

Type of Event: Casting Crowns Concert **Date: Friday, April 12, 2019**

Location: Target Center **Time: 5:15pm-11ish**

Cost: \$20 -Due upon registration -Checks written out to St. Tim's Church -Assistance available

Registration Due: March 6th **Meet and carpool: St. Tim's parking lot**

EMERGENCY MEDICAL TREATMENT - In the event of an emergency, I give permission to be transported to a hospital. I agree to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital, if possible. In the event of an emergency, contact:

_____ Phone Number(s) _____ Relationship _____
Emergency Contact Name

HEALTH INFORMATION (Optional)

Allergies (drug, food, other) _____

Medication taking currently _____

Other Medical Conditions _____

Family Doctor / Clinic _____ Phone Number _____

Insurance Company _____ Health Plan carrier number _____

I warrant that I am in good health. In consideration of my participation, I agree to indemnify the Church of St. Timothy from any claims or law suits brought by myself or others that arises out of any behavior at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school in defense of such a claim/suit.

I agree that I am responsible for my conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by me. I understand that I am required to comply with the Code of Conduct provided by the Church of St. Timothy while participating in the event. I understand that if I violate the Code of Conduct I may be asked to leave at my expense and without refund/compensation.

Participant Signature: _____ **Date:** _____

Office Use Only Received: ____/____/2019 Payment: _____ Notes: _____