

**2020 ELMS REGISTRATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ (as of Summit date) Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: [ ] Male [ ] Female  
Grade Entering in Fall 2017: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Parent or Guardian Name: \_\_\_\_\_  
Parent or Guardian Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Home Church & Pastor \_\_\_\_\_ / \_\_\_\_\_  
Youth Pastor/Leader: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Emergency Contact Person (other than persons listed above) \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Person who will be picking up student: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**STUDENT BEHAVIORAL AGREEMENT**

I AGREE TO FOLLOW AND COMPLY WITH ALL SUMMIT RULES, INCLUDING BUT NOT LIMITED TO, DRESS CODE, AND COOPERATE WITH SUMMIT STAFF AT ALL TIMES.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTIVITY PARTICIPATION PERMISSION**

The undersigned hereby forever releases and discharges TMCC and New Horizons Ministries of any and all liability of any nature which may arise while \_\_\_\_\_ is a camper as set forth above. Undersigned further agrees to never sue or file a claim against aforesaid TMCC or New Horizons Ministries Conference for any injury which may occur to undersigned while undersigned is involved with any activities of or related to TMCC or New Horizons Ministries Conference.

**PARENT SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUMMIT T-SHIRT (PLEASE CIRCLE SIZE CHOICE) - \$15**

A-SM A-Med A-Lg A-xL A-2xL A-3xL

**COST:**

**EARLY BIRD REGISTRATION:** by July 15 - \$25  
**REGULAR REGISTRATION:** July 16 till August 15 - \$35

**SUMMIT PHOTOGRAPHY/VIDEOGRAPHY (CHECK IF APPLIES)**

\_\_\_\_\_ I **DO NOT** want this student's image/likeness to be used in TMCC & NHM publications.

(continued on back)

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**AUTHORIZATION FOR MEDICAL CARE OF A MINOR**

In my absence, I \_\_\_\_\_ hereby authorize the FOUR:12 Director or designated representative to obtain medical treatment which may be deemed necessary for \_\_\_\_\_ . Furthermore, I authorize the proper dispensing of \_\_\_\_\_'s prescription drugs (if applicable) as listed on this application. I also hereby authorize any physician called upon by the FOUR:12 Director or designated representative to render medical treatment that, in their judgement, may be deemed necessary for the well being of \_\_\_\_\_.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Parent/Guardian)

**TREATMENT INFORMATION**

Minor's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Date of Tetanus Shot: \_\_\_/\_\_\_/\_\_\_  
Minor's Doctor's Name & Phone: \_\_\_\_\_  
Minor's Medical History: \_\_\_\_\_  
Insurance Company and/or Government Program: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Subscriber ID or Contract Number: \_\_\_\_\_  
Admission Pre-certification Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Group Name (Employer): \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE LIST CURRENT PRESCRIPTION DRUG(S)**

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**LIST ANY ALLERGIES/MEDICAL CONDITIONS/DISABILITIES**

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**INSURANCE AUTHORIZATION**

I authorize the release of any medical information necessary to process a claim for the dependent in this Summit application. I authorize payment of medical benefits to the physician or supplier of services rendered to my dependent.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Parent/Guardian)