



This electronic form will provide information for the summer events your student is participating in. Complete this form and email it to llogan@alpinecoc.org. Please select each of the events that we can expect your child to participate in. If you decide at a later date to attend a trip, please contact Lance and have him update your form.

<input type="checkbox"/> Soul Quest June 12-19 (\$180) <input type="checkbox"/> Mission McAllen June 26 – July 2 (\$90) <input type="checkbox"/> Camp of the Hills July 11-17 (\$75) <input type="checkbox"/> Koinonia & Kayaking July 25 & 26 (\$50) (New Name) *Compassion Camp has not been finalized (painting a home in Longview)
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Students Full Name:			
Address:			
City:		State:	
Zip		Student Cell:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Student Email:	
Date of Birth:		Age:	
Graduation Year:		Grade Just Completed:	
T-shirt Adult Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large			
Roommate: Please write in the full name of three students that you want to room with. Mid-School rooms students room with mid-school students unless approved by each set of parents. We will make every effort for your room to have at least one of your friends. You may choose to leave this part blank.			
First Choice:		Second Choice:	
Third Choice:			

Parent Information and Emergency Contact Information			
<input type="checkbox"/> Yes, I plan on attending and participating with my student. <input type="checkbox"/> No, I don't plan on attending, but I will pray, encourage and send snacks/drinks!			
<input type="checkbox"/> Contact First In Case of Emergency: (Select this box if this is the primary contact)			
Parent (1) Full Name			
Parent (1) Cell Phone		Parent (1) Email:	
<input type="checkbox"/> Address same as child:		City:	Zip:
<input type="checkbox"/> Contact Second In Case of Emergency: (Select this box if this is the secondary contact)			
Parent (2) Full Name			
Parent (2) Cell Phone		Parent (2) Email:	
<input type="checkbox"/> Address same as child:		City:	Zip:
Optional: Include an image of your insurance card:			

Health Insurance Information			
Students Health Insurance Company:		Policy #	
Policy Holder:		Policy Holder's Social Security #	
Group #		Type of Coverage	Single Family Other
Is pre-certification required from insurance company before treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide phone #	
List any allergies & include medication:	List all medications student is presently taking with dosage and frequency:		
Health History (please list dates and if taking medication)			
<input type="checkbox"/> Anemia or low blood	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Cancer
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Eczema	<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Thyroid Trouble	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> ADHD	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression	<input type="checkbox"/> Tourette's
<input type="checkbox"/> OCD	<input type="checkbox"/> PTSD	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Autism
<input type="checkbox"/> Covid-19	Covid-19 Vaccine: <input type="checkbox"/> yes <input type="checkbox"/> no		
List activities that are to be restricted, such as swimming, climbing, etc:			
Medical & Liability Release Form			
<p>Should emergency medical treatment be necessary, I authorize the Church Leader Representative of Alpine Church of Christ to act on my behalf and approve appropriate treatment. I also release from any and all liability of Alpine Church of Christ as well as any of the church staff, elders and adult sponsors in the event of any accident in route, during and returning.</p> <p>I hereby give permission to the nurses or physician selected by the Alpine Church of Christ Leader Representative and or camp leadership, as mentioned above, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above as deemed necessary to avoid extreme or permanent physical damage or death.</p> <p>I also understand that there are special precautions and procedures of wearing masks when requested, maintain safe distances and safe practices for sanitizing my hands, coughing, sneezing and help by cleaning and assisting where needed. Furthermore, if there is an emergency or behavioral difficulty I am responsible for the additional costs for replacement, repair, time and transportation.</p>			
Parent/Guardian Full Name (Printed)			
Parent/Guardian Full Name (Signed)			Date:
Trip Participant			
<p>I understand that Jesus came to serve and not to be served (Mark 10:45). Likewise, I too plan and expect to serve and not be served. I will abide by the rules of conduct for participants and honor the directions of the leadership.</p> <p>I will not bring items that are not allowed nor participate in behavior that will harm myself, others or jeopardize the group or our witness.</p> <p>I will not bring alcohol, tobacco products, vape or supplies, illegal drugs, firearms, knives, or any other elements that would be spiritually or physically harmful on this trip.</p> <p>I also understand that there are special precautions and procedures of wearing masks when requested, maintain safe distances and safe practices for sanitizing my hands, coughing, sneezing and help by cleaning and assisting where needed.</p> <p>I also understand that I am responsible for my words and behavior and that myself and my parents will be held responsible.</p>			
Participant Full Name (Printed)			
Participant Full Name (Signed)			Date: