

**NINTH GRADE TRIP**  
Responsible Adult (R.A.) Medical Information

This permission slip covers ALL gatherings: classes, fundraisers, retreats as well as the TRIP. I understand that my participation in the Trip is voluntary and that such participation potentially involves risks and obligations that are impossible to predict but which are beyond the scope of those normally associated with traditional church functions. These may include but are not limited to, the risk of loss or damage to personal property, and the risk of sickness, personal injury or death while participating. I exempt the churches, their employees and authorized volunteers from all claims arising from the my participation in the Trip unless caused by actions for which the church would otherwise be liable under Colorado law. I also understand that any person who does not abide by group rules may asked to discontinue participation in the 9<sup>th</sup> grade trip. If this occurs during the Trip itself all expenses of returning home will be those of the individual and not the UU 9<sup>th</sup> Grade Trip.

\_\_\_\_\_  
Signature of Participant

PLEASE RETURN this form immediately to: Mitch Pingel, 275 Main St, Broomfield CO 80020.  
Mitch can be reached at (303) 469-9417.

**REGISTRATION INFORMATION**

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-mail (participant) \_\_\_\_\_

Church Affiliation (No abbreviations) (Is "FUC" Foothills or 1st Universalist?) \_\_\_\_\_

**EMERGENCY NUMBERS for both day and night:**

Name of Emergency Contact \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

If these people are not available, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Ins. # \_\_\_\_\_

Please put a copy of your medical insurance card on the back of the form.

**HEALTH HISTORY (check appropriate spaces)**

Allergies: \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_ Hay Fever \_\_\_ Asthma \_\_\_ Penicillin \_\_\_ Insect stings \_\_\_ Diabetes \_\_\_ Seizures

\_\_\_ Other drugs (name)

Medical Issues that I would like to disclose in case a medical problem occurs during the course of the Trip

\_\_\_\_\_  
Medications that I would like to disclose in case a medical problem occurs during the course of the Trip

\_\_\_\_\_  
\_\_\_ vegetarian \_\_\_ vegan Other dietary issues (specify) \_\_\_\_\_