

**SANTA V ZOMBIES**



# **NERF NIGHT**

**HOSTED BY**

**GRACE BAPTIST CHURCH & ACI, INC**

**In order to participate in this epic event, you must turn in this sign-up sheet. Please fill completely. INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

**Friday, Dec 16<sup>th</sup>, 5:30 PM - 9:00 PM**

**For Anaconda Students grades 7-12**

**Grace Baptist Church - 501 Cedar St**

**PLEASE BRING FORMS WITH YOU ON DAY OF EVENT  
QUESTIONS/CONCERNS? CALL OR TEXT JAYCEE @ 560-8290**

**ANY BEHAVIOR CONSIDERED INAPPROPRIATE MAY  
RESULT IN YOUR REMOVAL FROM THE EVENT AND  
CONTACTING YOUR PARENT/GUARDIAN**

**Name** \_\_\_\_\_

**Grade** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Parent/Guardian Contact Number** \_\_\_\_\_

**SANTA V ZOMBIES ~ MEDICAL RELEASE FORM**

I, \_\_\_\_\_, am the parent or guardian of \_\_\_\_\_.

I hereby consent that the above-named minor has my permission to participate in the activities planned in conjunction with Santa V Zombies recreation event. I recognize that there may be risks involved with respect to the activities in this program. I hereby assume such risks, and release Anaconda Community Intervention, Inc. (ACI), Grace Baptist Church, their agents, employees, volunteers, or students of any liability. I understand that in the event of a medical emergency, ACI staff will make every attempt to contact me. If said attempts are not immediately successful, the ACI staff may refer the above-named minor to a licensed medical practitioner and/or clinic. I consent that such physician, hospital, or clinic may treat the said minor in response to the medical emergency. I hereby release ACI, Inc., its agents, employees, or students of responsibility for the above-named minor in the event that the minor does not follow prescribed treatment for injury/illness.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Phone Numbers Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

Name Relationship Phone Number(s)

\_\_\_\_\_  
Name Relationship Phone Number(s)

**Student Medical History and Information:**

Do you have Medical Insurance? Yes No Medical Provider \_\_\_\_\_

Does your student have any physical, learning, emotional, or other conditions or disabilities which could interfere with his/her academic, cultural or physical education (i.e. ADD/ADHD, asthma, autism, diabetes, wheelchair bound, etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SANTA V ZOMBIES ~ MEDIA RELEASE**

I give my permission for ACI, Inc., its agents, employees, or students to take photos of the activities in which the above-mentioned minor may be participating. Please note that program photos may be used in ACI, Inc. promotional materials (i.e., brochures, newsletters, press releases, slide shows, videos, and social media).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date