



# Moonlight Madness

A metro-wide youth gathering for outreach,

**Friday, Nov 10, 9:00 PM -  
Saturday, Nov 11, 6:00 AM.**

**Cost:  
\$35**

**Reserve Your Spot!  
Turn in this form with  
Payment to Church  
office or Pr. Kristen  
by Oct 29th!**

**Middle Schoolers!  
Sign up for this  
awesome, metro-wide  
overnight lock-out!**

- . Dance!**
- . Dome (open gym)**
- . Grand Slam in  
Coon Rapids!**
- . Bowling!**
- . Movie Theatre !**



**St. James Lutheran Church**  
6700 46<sup>th</sup> Place North  
Crystal, MN 55428  
763.537.3653

**Moonlight Madness—November 10-11, 2017**

**Cost: \$35.00**

**Fee & Form Due October 29th.**

**Permission and Emergency Medical Treatment Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M F (circle one)

**Parent(s) or Guardians(s):**

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact** (other than parents or guardians):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Health History:**

Current medications: \_\_\_\_\_  
Allergies/health problems/physical limitations: \_\_\_\_\_  
Year of last Tetanus Shot: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Office Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Insurance:**

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Name of the Insured: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Other Medical health cards and/or information: \_\_\_\_\_

Anything else you would like us to know to help make your child's experience safe/positive one?

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

**Permission to Participate and Release of Liability**

I/We the undersigned parent(s)/guardians of the above named, give permission for participation in Moonlight Madness Nov 10-11, 2016 and all related activities. We hereby authorize the staff, advisors or drivers acting on behalf of St. James with the full power of attorney to act in the place and stead of the undersigned with the powers to make any and all decisions to authorize any and all emergency care, surgery, hospitalization, which they along with the competent medical personnel, deem necessary for the care and safety of the above named during any or all events. I do further release St. James Lutheran Church as well as all of its agents, members or employees, for all liability for any accident, injury or claim arising from the named above's use of its facilities, or participation in any of its programs. Furthermore, I take full responsibility for any financial cost, which may be incurred, for the care of my child/student/youth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_