



Social Security # of insured: \_\_\_\_\_

Participant's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In an emergency, you may call the person listed below in the event a parent cannot be reached.**

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Photo/Video Release**

I further acknowledge that photos and videos taken of me during my participation may be used by Winter Fest and The Harbor Church and/or their partner organizations at their discretion.

**SIGNATURES**

By signing you agree that the above statements are true and that you agree to abide by all of the rules, guidelines, codes of conduct, etc. as set forth by Winter Fest Leadership and The Harbor Church and their partner organizations.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Names: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_