

Event: Elevate '11

Friday, Jan. 14 - Monday, Jan. 17, 2011

Cost: \$190 + \$45 to ski/board

MPCC reserves the right to take photographs/video for future promotional purposes.

Student's Name: _____

Address: _____ **City/Zip:** _____

Home Phone: _____ **Cell Phone:** _____

School: _____ **Current Grade:** _____

Date of Birth: ___/___/___

Parents' Names: _____

Parents' Cell Phones: _____

Parents' Email Addresses (FOR INFO REGARDING EVENT):

**Drop-off: Friday, Jan. 14 by 1pm at the SMC
(Student Ministries Center)**

Pick-up: Monday, Jan. 17 at 7pm at the SMC

WAIVER

I do hereby authorize the staff of Mount Pleasant Christian Church Student Ministry or their designee to select hospital facilities and/or a physician of their choice and authorize treatment of the above student on an emergency basis in the event such treatment becomes necessary while participating in this event. I will be responsible for all medical bills incurred as a result of illness or accidents for which medical treatment is necessary while my student is a participant in this event.

(Parent Signature)

(Date)