

**Event: Mission Indy, Nov. 5, 3pm – Nov. 6, 6pm. Online registration begins in September**

**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, Nov. 5 by 3:00 pm at the SMC (Student Ministries Center)  
Pick up: Saturday, Nov. 6 at 6 PM 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)**