

SPRING GATHERING 2010

Sponsor Form

For anyone under 18 attending with a sponsor rather than a parent

The sponsor, _____, has my permission to authorize medical treatment for my child(ren) during their stay at Spring Gathering.

List children:

Parent signature _____

Parent name _____

Date _____

Emergency contact information

Contact name _____

Phone number(s) _____

Please note below any important medical conditions, allergies, medications currently in use or other special needs.

Please include with registration form - **Thank you**