

New Life Community Church

Registration and Medical Information

Name _____

Home Address _____ City _____

Home Phone No. _____

Emergency Contacts

Contact #1 _____ Relationship _____

Phone Number _____ Cell _____

Contact #2 _____ Relationship _____

Phone Number _____ Cell _____

Family Doctor _____ Phone _____

My participation in the hiking program of New Life Community Church indicates that I deem my health to be sufficient to complete the hike as described to me.

As a participant in the New Life Community Church Men's Hiking Program, I will not hold New Life Community Church or anyone involved with the hiking program responsible for any injury or any other medical problem that I might incur while traveling to or from the hiking site or while on the hiking trail.

Signature _____ Date _____

