



# share. WORLD IMPACT



**sat, oct 16 in Newark**

leave LCPC at 8:00a return 4:00p

lunch provided / open to middle & high school

email: coach.joe@verizon.net to reserve your spot

*you must turn in this form by the time we go*

**RE: CLOTHING or TOOLS:**

Please wear work clothes. Bring work gloves, goggles and wear heavy shoes/boots ( absolutely no sandals, slide-ons, or mules ). **BE PREPARED TO GET DIRTY.**

We may also do some painting and sorting of donated clothing . . . we are going to serve

parental involvement is greatly appreciated . . . if you would like to go and provide transportation, please let us know

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address / City / Zip \_\_\_\_\_

|            | ( if student . . . ) Mother/Guardian | Father/Guardian |
|------------|--------------------------------------|-----------------|
| Name       |                                      |                 |
| Home Phone |                                      |                 |
| Work Phone |                                      |                 |
| Cell Phone |                                      |                 |
| Email      |                                      |                 |

Emergency Contact \_\_\_\_\_ Home / Cell Phone \_\_\_\_\_

Medical, physical, behavioral, or emotional health conditions we should be aware of including medications:

\_\_\_\_\_

Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Insurance Co. / Policy # / ID # \_\_\_\_\_

I hereby give permission for my child to participate in this event and give permission to provide emergency care as necessary for the well being of my child until such time as I may be contacted. I give permission to the physician selected by the Liberty Corner Church Adult Leader(s) to hospitalize, to secure proper treatment, and to order injection, anesthesia, or life-saving surgery for my child in the event that I, or the emergency contact cannot be reached.

Signed \_\_\_\_\_ Date \_\_\_\_\_