



The EDGE Lock-In Contact Information and Permission Form

Student Name: _____ Birthdate/Grade: _____

Your Email: _____

Parent(s)/Caregiver(s) Name(s): _____

Parent(s)/Caregiver(s) Email(s): _____

Parent(s)/Caregiver(s) Phone Number(s): _____

Primary Address: _____

I, _____, the parent/guardian of _____
parent/guardian name (print) student name (print)

agree to release Elmwood, Centennial, and Cornerstone Churches, their representatives, and/or employees from liability or injury to said student while attending the following activity, including travel to and from said activity, except injury or damage resulting from the willful acts of such representatives and/or employees.

Activity: The Edge Lock-In at Elmwood
Location: Elmwood Evangelical Free Church
3615 Chelmsford Rd NE, St Anthony, MN 55418
Leader, phone number: Dave Hammond, (952) 393-4316
Begin/End Date: January 19, 2024/January 20, 2024
Time: 6:00pm-8:00am

Parent/Guardian Signature: _____

In case of emergency, contact _____

Phone: _____ (day) _____ (evening)

Are there any allergies or medical needs we should know about?

