

RAMS AFTER PROM REGISTRATION FORM
(PLEASE PRINT LEGIBLY)

DATE: _____

NAME: _____ T-shirt Size _____

PHONE: _____

Emergency Contact: _____

Emergency Contact Phone: _____

GUEST/DATE: _____ T-shirt Size _____

GUEST/DATE PHONE: _____

Emergency Contact: _____

Emergency Contact Phone: _____

IS GUEST/DATE A CY-RIDGE SENIOR: Y or N
(circle one)

INSURANCE WAIVER STATEMENT: Where no proof of insurance is established, parents of students must assume legal responsibilities for expenses incurred for injuries to students that occur at Time Square (Rams After Prom of 2009). I have read and understand the insurance waiver statement.

Parent/Guardian Signature Required

Date

**SENIOR
RAMS AFTER PROM
Medical Authorization Form**

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care or hospitalization may be required.

I/We being the parent(s) or legal guardian(s) of _____, a minor, do hereby appoint a representative of Cy-Ridge Rams After Prom Committee 2009 to act in my/our behalf in authorizing emergency medical, dental or surgical care and hospitalization for the above-named minor during a period of my/our absence of May 2 & 3, 2009.

FOR AGES 18 AND OVER – I, _____ do hereby appoint a representative of Cy-Ridge Rams After Prom Committee 2009 to act in my behalf in authorizing emergency medical, dental or surgical care and hospitalization of May 2 & 3, 2009.

HOSPITALIZATION COVERAGE FOR CY-RIDGE SENIOR GUEST

Name of Insurance Co.

Parent/Guardian Name & Signature

Identification or Contact No.

Parent/Guardian Phone No.

Family Physician

Family Physician's Phone No.

**GUEST
RAMS AFTER PROM
Medical Authorization Form**

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care or hospitalization may be required.

I/We being the parent(s) or legal guardian(s) of _____, a minor, do hereby appoint a representative of Cy-Ridge Rams After Prom Committee 2009 to act in my/our behalf in authorizing emergency medical, dental or surgical care and hospitalization for the above-named minor during a period of my/our absence of May 2 & 3, 2009.

FOR AGES 18 AND OVER – I, _____ do hereby appoint a representative of Cy-Ridge Rams After Prom Committee 2009 to act in my behalf in authorizing emergency medical, dental or surgical care and hospitalization of May 2 & 3, 2009.

HOSPITALIZATION COVERAGE FOR CY-RIDGE SENIOR GUEST

Name of Insurance Co.

Parent/Guardian Name & Signature

Identification or Contact No.

Parent/Guardian Phone No.

Family Physician

Family Physician's Phone No.