

St. John the Baptist

Polar Plunge

Registration Form

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Birthdate _____

E-Mail _____

Emergency Contact _____ Phone _____

(All plungers will sign a waiver of release and plungers under 18 years of age must have a parent or guardian signature.)

My Shirt Size (circle one) YS YM YL
 S M L XL XXL XXXL

Consent to Photo Release

I give St. John the Baptist-Gildehaus permission to use my photograph in the promotion or representation of the Polar Plunge.

Printed name of participant

Signature of Participant
(if under 18 years of age must be signed by a parent or guardian)

Date