

# Student Ministry

## EVENT REGISTRATION & MEDICAL RELEASE FORM

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Grade \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Gender - Male / Female \_\_\_\_\_ Email Address \_\_\_\_\_  
 Who I know at camp \_\_\_\_\_

T-shirt Size (circle one) - SM M L XL XXL

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### HEALTH HISTORY

\_\_\_\_ Frequent Infections  
 \_\_\_\_ Heart Defect/Disease  
 \_\_\_\_ Convulsions  
 \_\_\_\_ Asthma  
 \_\_\_\_ Hypertension  
 \_\_\_\_ Mononucleosis  
 \_\_\_\_ Psychiatric treatment  
 \_\_\_\_ Respiratory problems  
 \_\_\_\_ Bleeding/clotting disorders  
 \_\_\_\_ Epilepsy  
 \_\_\_\_ Operation in the past year  
 \_\_\_\_ Tetanus shot (Date: \_\_\_\_\_)

### DISEASES

\_\_\_\_ Chicken Pox  
 \_\_\_\_ Measles  
 \_\_\_\_ German Measles  
 \_\_\_\_ Mumps  
 \_\_\_\_ Hepatitis B  
 \_\_\_\_ HIV

### MEDICAL ALLERGIES

\_\_\_\_ Hay Fever  
 \_\_\_\_ Poison Ivy  
 \_\_\_\_ Insect Stings  
 \_\_\_\_ Penicillin  
 \_\_\_\_ Other drugs  
 \_\_\_\_ Other (specify) \_\_\_\_\_  
 \_\_\_\_\_

### FOOD ALLERGIES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### In Case of Emergency Contact:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Name of Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Group ID \_\_\_\_\_  
 Billing Address of Insurance Company \_\_\_\_\_  
 Claims Phone # on Insurance Card \_\_\_\_\_ Name of Card Carrier \_\_\_\_\_  
 Relationship of Card Carrier to Child \_\_\_\_\_  
 Employer Name \_\_\_\_\_ City, State of Employer \_\_\_\_\_

### If parents cannot be reached in the event of an emergency, call:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

**Please See Reverse Side For Signature And Notary**

First Baptist Church of West Palm Beach  
**Inside Out Student Ministry**

***LIABILITY WAIVER AND RELEASE***

As the parent/legal guardian of \_\_\_\_\_ (print student's full name), I give my permission for him/her to participate in the events, trips, and ministries of First Baptist Church of West Palm Beach.

In consideration of he/she being allowed to participate and in consideration of the benefits to be derived therefore, I hereby release the First Baptist Church of West Palm Beach, Florida its present and former trustees, officers, directors, members, employees, agents and their heirs, administrators, executors, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with his/her participation in the afore mentioned activities.

In the event of an emergency, I hereby authorize the leader of these activities, as an agent for me, to consent to: x-ray examination, medical, dental, or surgical diagnosis, treatments, hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office, in a hospital, or on-site. I understand that every reasonable effort will be made to contact me before these actions are taken.

I certify that I am of lawful age and competent to sign the Release, and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my child's participation in any events, trips, and ministries of First Baptist Church of West Palm Beach.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, including death, as well as those known to exist. The provision of any state, federal, local, or territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through the Christian Conciliation Service.

This Release will remain in effect for all activities from the signed below through **August 31, 2010**, at which time a new release should be submitted for continued participation.

**PARENT/GUARDIAN RELEASE**

**As the parent/legal guardian of \_\_\_\_\_ (print student's name), I give my permission for him/her to participate in the events, trips, and ministries of First Baptist Church of West Palm Beach. I HAVE READ THIS LIABILITY WAIVER AND RELEASE AND AGREE TO ITS CONTENTS. In the event of an emergency, I give my permission to a licensed physician, nurse, or EMT to hospitalize, anesthetize, or perform surgery on my child named above. I understand that every effort will be made to contact me before these actions are taken.**

Notary:

Signature \_\_\_\_\_

State of \_\_\_\_\_

Date \_\_\_\_\_

County of \_\_\_\_\_

Relationship to student:

Sworn to and subscribed to me this

\_\_\_\_\_

\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

My commission expires \_\_\_\_\_