

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

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

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, 2011**, 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 _____