

Chicago Missions Trip 2010 - Registration / Medical Form

June 19-27, 2010

COST - \$250 (\$100 deposit due 5/2)

Participant Name
Home Phone
Cell Phone
Address
City State Zip
Date of Birth Grade
T-shirt Size S M L XL XXL XXXL
Email

Parent / Guardian
Home Phone
Cell Phone
Address
City, State, Zip
Work Phone
Email
Doctor's Name Phone
Emergency Contact – if parent/guardian cannot be reached
Emergency contact
Home Phone
Address
City, State, Zip
Work Phone
Cell Phone
Insurance Info – Attach copy of front and back of card
Insurance Company
Group Number
Group Name
Insured's Social Security #

Health History

Please list any Special Medical Conditions

Last Tetanus Shot _____

Medications to be taken (list with directions)

Medication Allergies? List if any

May be given as necessary:

Aspirin	Yes _____	No _____
Tylenol	Yes _____	No _____
Ibuprofen	Yes _____	No _____

Any Specific Activities

Encouraged _____

Discouraged _____

I hereby give consent in advance to the designated Youth Leaders and to the physicians or hospitals selected by them to render first aid treatment or deny treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens, and x-rays, giving blood transfusions, and medications, anesthesia, and surgery for my dependent listed above. I understand that the Leaders will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.

I release all leaders and staff affiliated with Metro East Baptist Church or the Center for Student Missions from any and all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrences causing injury to any person or property.

Optional Notary Seal

Signature of parent/guardian _____ Date _____

Required Attendance of at least two Orientation Meetings

Orientation Meeting Dates

May 16th 7:00-8:00pm

June 2nd 8:00-9:00pm

June 13th 7:00-8:00pm

TRANSPORTATION RELEASE

Applies to students only

I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle.

Initial _____

DISCIPLINE RELEASE

Applies to students only

In the event of misconduct, I authorize the staff to send my student home at my expense.

Initial _____

INSURANCE RELEASE

Applies to all traveling

I realize the church insurance begins where the individual health and accident policy terminates. It is only valid when all other insurance has been extended to its limits.

PERSONAL BELONGINGS RELEASE

Applies to all traveling

I realize that the church or its sponsors are not responsible for personal belongings.

Initial _____

GENERAL RELEASE

Applies to all traveling

The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, it's officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church.

The undersigned or a member of the immediate family of the undersigned further acknowledge this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in this activity.

I, _____, being the legal guardian of _____ give my permission for him/her to participate in church sponsored activities.

Date _____

Parent / Guardian Signature _____