

# STUDENT REGISTRATION AND MEDICAL/LIABILITY RELEASE FORM

PUBLISHED 2008-09



## STUDENT'S INFORMATION

NAME: \_\_\_\_\_

GRAD YEAR: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BIRTHDAY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENTS/GUARDIANS: \_\_\_\_\_

PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_

MOBILE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

INVITED BY: \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_

CHURCH HOME: \_\_\_\_\_

FAMILY EMAIL: \_\_\_\_\_

HAVE YOU BEEN BAPTIZED BY IMMERSION? \_\_\_\_\_

FAMILY MOBILE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

## MEDICAL/LIABILITY RELEASE

AS THE PARENT/LEGAL GUARDIAN OF THE ABOVE NAMED MINOR, I HEREBY GIVE MY PERMISSION FOR HIM/HER TO PARTICIPATE IN ANY AND ALL ACTIVITIES, EVENTS, AND PROGRAMS OF THE LEBANON CHRISTIAN CHURCH STUDENT MINISTRIES. I UNDERSTAND THE INHERENT RISKS THAT ARE INVOLVED IN THESE ACTIVITIES AND HEREBY RELEASE LEBANON CHRISTIAN CHURCH, ITS STAFF, EMPLOYEES AND VOLUNTEERS FROM LIABILITY FOR ANY INJURY OR ILLNESS SUSTAINED DURING THESE ACTIVITIES, EVENTS, AND/OR PROGRAMS. I ALSO RELEASE PERMISSION FOR MY CHILD TO APPEAR IN PHOTOGRAPHS AND VIDEOS OF CHURCH EVENTS AND ACTIVITIES FOR THE USE OF PUBLICATION AND DOCUMENTATION.

IN THE CASE OF AN EMERGENCY, I HEREBY AUTHORIZE IN MY ABSENCE THE ADULT LEADER OF THE ACTIVITY, EVENT OR PROGRAM, AS AN AGENT OF ME, TO CONSENT TO ANY MEDICAL TREATMENT, INCLUDING BUT NOT LIMITED TO MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS OR TREATMENT, X-RAY EXAMINATION, AND/OR HOSPITAL CARE WHICH IS ADVISED AND SUPERVISED BY A MEDICAL DOCTOR LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE THE SERVICES ARE RENDERED. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE AND BEFORE HOSPITALIZATION OR SURGERY IS ADMINISTERED (UNLESS THE INJURY/ILLNESS IS LIFE-THREATENING).

NAME OF PARENT: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## STUDENT'S MEDICAL INFORMATION

KNOWN ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_

PRIMARY INSURED: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ANYTHING ELSE OF WHICH THE LEADERS TO BE AWARE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_