

Kaw Prairie Community Church



REGISTRATION, MEDICAL RELEASE AND PERMISSION FORM

JUNE 1, 2011 – JULY 30, 2012

STUDENT INFORMATION			
LAST NAME:		FIRST:	MIDDLE:
AGE:	BIRTH DATE:	GRADE:	SCHOOL:
STREET ADDRESS:		STUDENT HOME PHONE:	STUDENT CELL PHONE:
CITY:		STATE:	ZIP CODE:
STUDENT EMAIL:		Facebook?: <input type="checkbox"/> yes <input type="checkbox"/> no	Text?: <input type="checkbox"/> yes <input type="checkbox"/> no
PARENT/GUARDIAN INFORMATION			
PARENT/GUARDIAN(S) NAMES:			
PARENT HOME PHONE:	PARENT CELL PHONE:	PARENT E-MAIL:	PARENT ALT. EMAIL:
EMERGENCY CONTACT (non-parent/guardian):		EMERGENCY HOME PHONE:	EMERGENCY CELL PHONE:
INSURANCE INFORMATION			
PRIMARY MEDICAL INSURANCE:			
POLICY HOLDER'S NAME:	POLICY HOLDER'S DOB:	POLICY #:	GROUP #:
PRIMARY CARE PHYSICIAN:		PHYSICIANS OFFICE PHONE:	
PREFERRED HOSPITAL:			
PLEASE LIST ANY KNOWN MEDICAL CONDITIONS AND ALLERGIES:			
RELEASE & AUTHORIZATIONS			
<p>I/we, the undersigned have legal custody of the student names above, a minor, and have given our consent for him/her to attend events being organized by Kaw Prairie Community Church (the Church). I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of his/her involvement.</p> <p>In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.</p> <p>I/we also agree to bring my/our student home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.</p> <p>_____ has my/our permission to attend all youth activities sponsored by Kaw Prairie Community Church from June 01, 2011 to July 31, 2012.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>			
<input type="checkbox"/> By checking this box I give permission for this student to be photographed or videotaped for use in church publication or on the church website (no last names will be used in any publications).			