# REGISTRATION / MEDICAL RELEASE / PERMISSION FORM 2023-2024

Last Name: _____ First Name: _____ Middle Initial: _____
Birth Date: _____ Current Grade: _____ School: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Parent Phone: _____ Student Phone: _____ Receive SMS? ____Yes ____ No
Parent Email: _____ Student Email: _____
Email Updates: ____Yes ____ No Student Shirt Size: _____S _____M _____L _____ XL _____ XXL

Allergies / Medical Conditions / Special Needs: _____

_____

_____ By checking this line, **I refuse permission** for this student to be photographed or video recorded for church publications and promotions, on the church website, and on church-managed social media accounts. (No last names are used in any of these publications.)

**PARENT / GUARDIAN AND INSURANCE INFORMATION**

Parent Name: _____ Phone: _____
Parent Name: _____ Phone: _____
Emergency Contact: (other than parent/s listed above) _____Phone: _____
Primary Medical Insurance Carrier: _____
Policy Holder Name: _____ Policy Holder Birth Date: _____
Policy Number: _____ Group Number: _____
Student's Primary Care Physician: _____ Phone: _____

Student's Current Medications: _____

_____

I/we, the undersigned have legal custody of the student named above, a minor, and give 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, illness, loss, or damage to person or property that may occur during the course of his/her involvement.

In the event that he/she is injured and/or becomes ill and required 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 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.

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 Church staff.

Parent / Guardian Signature: _____ Date: _____