

2009- 2011
Event Registration & Medical Release

Effective dates: (2 Years) September 1st 2009- August 31st 2011

Name:	Birthday:	Grade/School:
Adult Tee Shirt Size (NA for most events):	Male or Female	Home Phone:
Parent(s) Cell:	Student Cell:	Emergency Contact Name & Phone:
Family Email:	Parent (s) Names:	Street Address:
City/Town:	Zip Code:	Medical Insurance Co. & ID #:

Please submit a letter in writing to the pastor of students explaining any medications & the procedure for taking them. All medications must be held & administered by the assigned staff member for that event. Please deliver all medications to this staff person as communicated by the pastor of students.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a: *(please circle one)*
 Good Swimmer Fair Swimmer Poor Swimmer
2. Does your child have allergies? _____ If yes, to what: _____
3. Does your child suffer from, or has he/she been treated for any serious medical condition (asthma, heart, or other)?
4. Date of last tetanus shot: _____
5. Please list and explain any major illnesses the child experienced during the last year: _____
6. Should this student's activities be restricted for any reason? Please explain: _____
7. Current medication(s): _____
8. Additional comments: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, football, wrestling, baseball, camping, downhill skiing, snowboarding, snow tubing, hiking, biking, concerts, Bible studies, golfing, weightlifting, paintball, air-soft, inflatable games, and hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the pastor of students before the event.*

(NAME OF STUDENT) _____ has my permission to attend all youth activities sponsored by **Bethel . . . The Church @ Franklin Mills and/or Allies Youth Network** from **September 1st 2009 to August 31st 2011**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church, network, Board members & its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given my/our consent for him/her to attend events being organized by Bethel...The Church @ Franklin Mills and/or Allies Youth Network. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church and/or network, 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 my/our child's involvement. 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 Bethel, 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. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff due to behavioral issues. I/we also agree to allow my child to be photographed and also therefore understand and agree that their photograph may be used in church and related publications, including our public website. (If you object, please submit your objection in writing to the Pastor of Students BEFORE the scheduled event).

Parent/guardian signature: _____ Date: _____