



Annual Student Registration and Medical Release of Liability Version 2017

Name: _____ Phone: _____

☐ Male ☐ Female Date of Birth: _____ Grade: _____ T-Shirt Size: _____

Emergency Contact #1: _____ Relationship: _____ Phone: _____

Emergency Contact #2: _____ Relationship: _____ Phone: _____

Medical Information

Insurance Coverage ☐ Yes ☐ No Subscriber Name: _____

Insurance Company: _____ Policy #: _____

Family Physician: _____ Phone: _____ Immunizations Current?
☐ Yes ☐ No

Does student have special needs (wheelchair accessibility, food allergies, etc)? _____

Drug allergies? _____

Other allergies? _____

Medications currently taking: _____

Parental/Legal Guardian Consent: I hereby give consent to any necessary medical treatment that may be given by medical personnel in case of accident or injury. By my signature below, I understand that expenses for medical care will be my responsibility. I hereby agree not to hold Seaford Baptist Church responsible or liable for any injury that may occur while my child is attending any Seaford Baptist Church activity or event. I also understand and will allow any photos and videos of my child taken while at any activity or event to be used for any Seaford Baptist Church promotions and/or publications.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: _____