

Registration/Medical Release
Niños de Baja Operation Christmas blessing bags 2025
December 05-06

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Date of Birth: _____ Age: _____ Grade: _____

Place of Birth _____
City State Country*

(*If registrant was born outside the U.S.A. please attach a copy of birth certificate and naturalization papers.)

Emergency Contact: _____ Emergency Phone: _____

Being aware of the activities the registrant will be participating in, and understanding the risks involved in those activities, I hereby consent to the registrant's participation in the Niños de Baja Shoebox with the First Christian Church of Newbury Park. I indemnify, defend and hold harmless First Christian Church of Newbury Park from all claims made and liabilities assessed against them as a result of the registrant's activities. Further, in case of emergency, I understand that every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, or if I, the below signed registrant am 18 years of age or older, I hereby give First Christian Church of Newbury Park, it's staff and leaders permission to act on my behalf in seeking medical treatment in the event that such treatment is deemed necessary, prudent or advisable for the registrant's health, safety or welfare. I give permission to those administering medical treatment to do so using the measures deemed necessary. I release the above mentioned churches and all medical providers from liability in acting on my behalf in this regard and in rendering such medical treatment. I assume the financial responsibility for all medical treatment provided to the registrant.

Check the box that applies: ☐ Parent ☐ Guardian ☐ Registrant 18 years of age or older

Both Parents' Names: _____

Print Name: _____

Signature: _____ Date: _____

Medical & Insurance Information:

The registrant(s) is (are), covered by the following health insurance policy that will be in effect during the outing. Use the following policy information in the event of an emergency: **(Please attach copy of both sides of insurance card.)**

NAME OF HEALTH INSURANCE COMPANY: _____

POLICY # _____

GROUP # _____

INSURANCE PHONE # _____

PERSONAL PHYSICIAN: _____

PHYSICIAN'S PHONE# _____ YEAR OF LAST TETANUS SHOT: _____

☐ I give my permission to the leaders of Newbury Park First Christian Church to give my child approved over the counter medications such as, but not limited to Aspirin, Tylenol, Advil, Motrin, Sudafed, for pain, fever or symptom relief due to a non-emergency illness or injury.

Signed: _____ Date: _____

☐ The registrant has special medical conditions, allergies or is currently taking medication that may be important for the trip leaders or medical providers to know. (Use space below to share pertinent information & please attach all other pertinent information to this form)

Trip Behavior and Safety Guidelines:

I understand that trip behavior and safety guidelines will be explained to each participant and that each participant will be responsible and held accountable to those guidelines. I furthermore realize that if in the estimation of the trip leaders, any person becomes a safety or behavioral problem to the group, that individual will be sent home at their own or their parent's expense. I as a parent acknowledge my responsibility to provide such transportation should it become necessary. I also understand my responsibility for any damage done to persons or property by my child and will make restitution, financial or otherwise, for damage my child may do.

Parent/ Guardian signature: _____

Student signature: _____

(Please fill out back of registration form)

NOTES:
