

Ellisboro Baptist Church

Registration and Medical Form Youth Group Sponsored Activities 2010-2011

• • • • • Registration Information • • • • •

Youth's Name: _____ Date of Birth: _____

Address: _____

Email Addresses— Parent: _____ Youth: _____

Additional emails: _____

Home Phone: _____ Work Phone: _____

Cell Phones— Parent: _____ Youth: _____
Parent: _____ (Please star who should be called first)

Grade: _____ School: _____

Medical Insurance Company & Policy Number: _____

Emergency Contact—Name: _____
(other than parent)

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

• • • • • Medical Record • • • • •

Age: _____ Height: _____ Weight: _____

Known Allergies/Medical Conditions: _____

Current Medication (including birth control): _____

Recent operations/major illness (specify problem and date): _____

Date of last Tetanus Booster (within last 10 years): _____

Physician's Name: _____

Address: _____

Phone Number: _____

Ellisboro Baptist Church

Liability & Emergency Release Form Youth Group Sponsored Activities 2010-2011

Liability Release Form

I hereby give permission for my son/daughter _____ to participate in the 2010-11 Youth Group activities and events. In consideration of permitting my son/daughter to participate in these events, I hereby agree to indemnify and hold Ellisboro Baptist Church of Madison, NC, and the employees and agents harmless from any and all liability as a result of my child being injured. I acknowledge that my child may travel by car and assume all risks in connection herewith.

Parent(s) Name: *(please print)* _____

Signed: _____ Date: _____

Medical Release Form

In the event I/we cannot be reached during a medical emergency or following any accident I authorize the staff of Ellisboro Baptist Church to act in my/our behalf in carrying out the best treatment possible in consultation with my child's attending, Board Certified and licensed physician at an accredited medical facility.

Signed: _____ Date: _____

Physician's Name: _____ Phone: _____

Treatment Waiver

I DO NOT give consent for any emergency medical treatment for my child. In the event of illness or medical emergency requiring treatment, I wish the staff of Ellisboro Baptist Church to do the following: _____

Signed: _____ Date: _____

Internet Waiver

I do _____ do not _____ give permission for my child _____ to be photographed during Youth Group Activities. It is possible that some of these photos will be used in church publicity, on the Church web site, or in the newspaper with their names.

Signed _____ Date: _____