

Eikon Student Ministry Registration Form

The following Student Ministry consent forms need to be completed annually in order to participate in group activities. Event registrations and payments will be collected separately as the event approaches. We strive to provide a safe atmosphere for participants on all of our events

Summary of Participant Forms to complete:

- Contact Information
- Insurance Information
- Medical Consent
- Photo/Video Release
- Agreement to Transport Home
- Release of Liability

You may return your completed form by:

*Mail: Immanuel Church
Attn: Student Ministries
325 104th Ave.
Holland, MI 49423

*Fax: 616-392-1026, Attn: Student Ministries

*Scan & Email: alyn@immanuel.cc

*Church mailbox: put in Alyn Goossen's mailbox

If you have questions, please contact the Immanuel Church Student Ministries Director at 616.392.1814 or email alyn@immanuel.cc for assistance.

Household Information:

Today's Date: _____

Legal Guardian 1:

PRINT CLEARLY First, Middle & Last Name as spelled legally:

F) _____ M) _____ L) _____

Current Address: _____

City: _____ State: _____ Zip: _____

Preferred Email: _____

Home Phone: _____ Work : _____

Cell: _____ Preferred Phone: H W C Any

Gender: M F Birth date: _____MM/____DD/____YYYY

* May we text you with ministry updates? [] Yes [] No

Legal Guardian 2:

PRINT CLEARLY First, Middle & Last Name as spelled legally:

F) _____ M) _____ L) _____

Current Address: _____

City: _____ State: _____ Zip: _____

Preferred Email: _____

Home Phone: _____ Work : _____

Cell: _____ Preferred Phone: H W C Any

Gender: M F Birth date: _____MM/____DD/____YYYY

* May we text you with ministry updates? [] Yes [] No

Student Contact Information

Student Participant (under 18):

PRINT CLEARLY First, Middle & Last Name as spelled legally:

F) _____ M) _____ L) _____

Nick Name: _____

Address (if different from your legal guardian's):

City: _____ State: _____ Zip: _____

Preferred Email: _____

Home Phone: _____

Cell: _____ Preferred Phone: H C Any

* May we text you? [] Yes [] No

Gender: M F Birth date: _____MM/____DD/____YYYY

School: _____

Grade you will have completed this coming June: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact #1 Relationship

Emergency Phone #'s Primary Email

Emergency Contact #2 Relationship

Emergency Phone #'s Primary Email

Insurance Information

(ALL participants)

Participant's LEGAL Name:

First Middle Last

Primary insured's name (whose name is the plan under):

First Middle Last

Insurance Company, Plan/Contract Number, Group Number:

Insurance Company Claim/Customer Service Phone Number

Plan/Contract Number Group Number

Primary Doctor (if you have one):

Doctor's Name City, State Phone Number

As a participant, do you or have you had any issues related to:

- Y N Diabetes
- Y N Asthma
- Y N Allergies (drug, food, insect)
- Y N High blood pressure
- Y N Respiratory problems
- Y N Recent injuries/surgeries
- Y N Emotional/cognitive conditions
- Y N Behavioral conditions
- Y N Contagious diseases
- Y N Health or physical conditions that make participation risky or difficult
- Y N Chronic/recurring illness
- Y N Are you using prescription/over the counter drugs?
- Y N other: _____
(E.g. orthopedic, back, neck, hearing or vision issues)

If you answered YES to any of the above, please explain in detail:

List any Over-the-Counter or Prescription drugs you use regularly:

Have you had a Tetanus shot in the last 10 years? YES NO
If you answered "NO", please schedule an appointment with the Health Department or your doctor for an updated shot before the trip. Note: Tetanus may be listed as DT or DTP on immunization record.

** refer to your participant manual for addition immunizations that may be required for international travel.*

As a participant, parent or guardian, I give my permission to share this medical information with site and team leaders.

Signature (Participant 18 or older, otherwise parent) Date

Medical Consent

(for Minors and Parents/Guardians ONLY)

Participant Name (under 18 years old):

First Middle Last

Primary insured's name (whose name is the plan under):

Name of Parent or Guardian (please print—Circle parent or guardian):

Name of Parent or Guardian (please print—Circle parent or guardian):

The parent(s) or guardian(s) listed above have temporarily entrusted their child to the care of Immanuel Church and its ministry team leaders. If after reasonable attempts are made to contact the parent(s) or guardian(s), and the parent(s) or guardian(s) are unavailable:

The parent(s) or guardian(s) authorize Immanuel Church and the ministry team leader to consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis and/or treatment, hospital care, and/or dental care for the child which is recommended by a licensed medical care provider and which will be performed by a licensed medical care provider, licensed within the state or country where the services are to be performed.

The parent(s) or guardian(s) understand that this authorization is given before any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and or hospital care is required, but is given to provide authority and power to Immanuel Church and its ministry team leader to give specific consent for medical or dental treatment or hospital care when advised by a licensed medical care provider and when the child's parents are unavailable to give consent.

The parent(s) or guardian(s) authorize any hospital which has provided treatment to the child to return physical custody of the child to Immanuel Church and its ministry team leader when treatment is completed.

The parent(s) or guardian(s) agree to fully pay for any and all costs of medical or dental care provided to the minor and consented to by Immanuel Church and/or its ministry team leader.

In the event of a medical or mental health emergency, I authorize the complete release of all past, present and future medical and mental health records of the participant to the designated Immanuel Church Ministry Team leader up until such time parent or guardian is able to assume responsibility .

THIS AUTHORIZATION SHALL REMAIN EFFECTIVE FOR ONE YEAR FROM THE DATE SIGNED, UNLESS SOONER REVOKED IN WRITING AND DELIVERED TO IMMANUEL CHURCH.

Signature of Parent or Guardian Printed name Circle parent or guardian Date

Signature of Parent or Guardian Printed name Circle parent or guardian Date

Emergency Phone Number #1 Emergency Phone Number #2

Form continues on back →

Photo/Video Release

(ALL participants)

I hereby authorize and give full consent to Immanuel Church (IC) to publish and copyright all photographs in which I or my children appear in related to my event experience. Photographs may be obtained by IC team or site leaders or given to IC by participant photographers. I further give my permission to IC to use photos I or my children appear in or have taken and given to IC and may transfer, use or cause to be used, these photographs in brochures, web sites, newsletters, advertising, posters, displays, slide shows, videotapes, catalogs, CD-ROMs, social media sites and like publications, literature or materials without limitations or reservations.

I hereby approve the foregoing and consent to the use of photographs subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

Participant Signature Date

Parent or Guardian if under 18:

Please Circle: Parent / Guardian's Signature

Signature Date

Please Circle: Parent / Guardian's Signature

Signature Date

Transport Home Agreement

(ALL participants)

As a participant, parent or guardian, I/We give our consent for participation on an event being led by Immanuel Church. I/We understand that the Immanuel Church site leader or trip leader of our group may need to send a participant home as a result of illness or discipline. I/We understand if a participant is dismissed from the event site, he/she will be not be reimbursed for the cost of the event and will be transported home at his/her or parents/guardians expense. As a participant and parent or legal guardian, I/We accept the terms. (Immanuel Church will attempt to contact the parent or guardian to arrange such transportation.)

Participant Signature Date

Parent or Guardian if under 18:

Please Circle: Parent / Guardian's Signature

Signature Date

Please Circle: Parent / Guardian's Signature

Release of Liability

(ALL participants)

As a Participant, I accept the conditions and risks outlined in this release, as a participant on a event sponsored by Immanuel Church of Holland, Michigan. I represent and agree that:

1. As a Participant, I am aware of the potential hazards and risks to the participant and property associated with participating in an event, such hazards and risks include, but are not limited to, injury or death by accident, disease, weather conditions, inadequate medical services and supplies (in remote locations), criminal activity, and random acts of violence. I accept these risks as a participant with full awareness of these risks. With respect to Immanuel Church and its agents, volunteers, officers, directors, and employees, I assume all known and unknown risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release Immanuel Church and its agents, officers, directors, and employees from any liability that I may suffer as a result of participation in events, trips, meetings or mission projects.

2. I attest and certify that I have no known medical conditions that would prevent me from participating.

3. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

4. I am aware of the hazards and risks to the participant associated with participating in an event, as described above. I further understand that Immanuel Church does not have any insurance coverage that would apply in the event of the participant's illness, injury, death, or damage to property that may occur during participation on the trip, and that if such insurance coverage is desired, I am responsible for the cost and arrangements for such insurance.

5. I agree to indemnify, defend, and hold harmless Immanuel Church, its agents, volunteers, officers, directors, and employees from any and all losses, claims, causes of action, suits, liabilities, and expenses (including, but not limited to reasonable attorney fees and costs) arising out of or related to the event as well as any activities prior to or after such event.

5. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

6. Every provision of this Agreement is intended to be severable. If any term, provision, section or subsection of this Agreement is declared to be illegal or invalid, for any reason whatsoever, by a court of competent jurisdiction, such illegality or invalidity shall not affect the other terms, provisions, sections or subsections of this Agreement, which shall remain binding and enforceable.

I have read, understand and accept the terms above.

Participant Signature: _____ Date: _____

Print Participant Name: _____