



10800 Sharpview Drive
Houston, Texas 77072
281-498-1370

EVENT NAME: _____

Please print:

Name _____ M / F DOB _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail address _____

Emergency Information:

1. Name _____ Cell Phone _____

Relationship _____ Work Phone _____

Home Phone _____

2. Name _____ Cell Phone _____

Relationship _____ Work Phone _____

Home Phone _____

Physician's Name _____ Physician's Phone _____

Insurance Co. _____ Policy Number _____

Known Allergies _____ Date of last tetanus shot _____

Current Medications _____ Health Problems _____

I, _____, give my authority and consent to Wilcrest Baptist Church sponsors/leadership to seek a doctor or qualified person to provide emergency medical treatment to this student in the event I am ill or injured while traveling and participating in this activity. I do release, acquit, discharge, and covenant to hold harmless Wilcrest Baptist Church, (10800 Sharpview Dr., Houston, TX 77072) its sponsors and representatives from any and all actions, causes of actions, damages, and/or liabilities arising from the medical treatment of any sickness or injuries from accident incurred by me during these activities.

Signature of legal guardian _____ Date _____

Name of Participant _____