



2026 Registration & Medical Release Form

Student's Name: _____ **Birth Date:** (mm/dd/yy) ____/____/____
(Last) (First)

Gender (circle one): Male / Female

Grade (circle one):

Middle School (6 7 8)

High School (9 10 11 12)

Custodial Parent/Guardian Information:

Mother: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____

Father: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____

Child lives with (Check one): Mother Father Both Legal Guardian

Is either parent (or other) forbidden by court order from having equal access to the child?

No Yes, who: _____

Emergency Contact Information (someone other than those listed above):

Name: _____ Phone Number: _____

Relation to Contact: _____

Physician: _____ Physician Phone: _____

Please indicate below any **allergies, special needs, medication, or medical conditions** your child may have. This would include any health problems that would limit activities. Any food not listed on this form could be given to your child while in our care. Any severe allergies should be told to your youth sponsor.

Is participant covered by personal/family medical insurance? (circle one) **Yes** **No**

If yes, name of insurer: _____

Policy or group number: _____

Consent to Medical Treatment

We (I) _____, parent(s)/legal guardian(s), with legal custody of the above named minor, understand that in the event medical treatment is required every effort will be made to contact me. However, if we (I) cannot be reached, we (I) give permission to Farragut Christian Church to take X-rays, examinations, anesthesia, medical or surgical diagnosis, treatment or hospital care deemed necessary, in the event you cannot be reached.

By signing below, we (I) attest to be the custodial parent(s)/legal guardian(s) of the participant above. Please check relationship to child:

Mother Father Grandparent Legal Guardian Other (specify) _____

I also attest that I have read, understand and agree to the information contained on both sides of this form and hereby comply to all contents herein.

Signed: _____ **Date:** _____
(Custodial Parent or Guardian)

Liability Release

In consideration for being accepted for participation in all trips and/or activities with Farragut Christian Church. Activities include but are not limited to TCTC, Retreats, Winterjam, Mission trips and local outreaches, water and boat activities, Sojourn Trips, and camp.

We (I), being 18 years of age or older, (myself) (and for and on the behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Farragut Christian Church and the Student Ministry Sponsors thereof from any and all loss, liability, claims or demands of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in any and all trips and/or activities.

Furthermore, we (I) (and on behalf of our [my] child-participant if under age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to Farragut Christian Church to furnish any necessary transportation, food and lodging for this participant (applies to grade school children & above).

The undersigned further hereby agree to hold harmless and indemnify Farragut Christian Church, and its Student Ministry Sponsors, for any liability sustained by Farragut Christian Church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 18 years)

We (I) are the parents(s)/legal guardian(s), with legal custody of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activity, and hereby give permission to take said participant to a doctor, hospital or emergency treatment center, and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Photo Use Agreement

I, _____, hereby grant, voluntarily and with full understanding, to Farragut Christian Church, a license to the following:

1. Use and storage of my name and image, by means of digital or film photography, video photography, audio recording or other documentation, for activities of Farragut Christian Church.
2. Use of any stored data including my name and image in printed publications of Church.
3. Use of any stored data including my name and image in electronic publications of Church.
4. Use of any stored data including my name and image in any Web site created by or for Church for its sole benefit.
5. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.

Parent's or guardian's signature: _____ Date: _____
(if the above named person is under 18)

Parent's name (please print): _____

2026 Activities

I have reviewed this Registration Form and find that all information, including custodial, health concerns/needs and allergies is accurate as of

Today's Date

Parent/Guardian Signature

Furthermore, I acknowledge and understand that any changes that may occur after this date are my responsibility to notify the Student Ministry Office immediately.