

# REGISTRATION FORM

Student's Name \_\_\_\_\_  
Last First

Gender: \_\_\_\_\_  
Adult Shirt Size: \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School \_\_\_\_\_

Cell: \_\_\_\_\_  
Grade: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_  
Father's Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_  
Parent Email \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

Church attending with: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Group #: \_\_\_\_\_ Insurance Co. Phone #: \_\_\_\_\_  
Physician: \_\_\_\_\_ Office Phone \_\_\_\_\_

Please list any known allergies (BOTH FOOD AND MEDICATION): \_\_\_\_\_

Please list any medications taken on a regular basis and what they're treating:

\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the following activity  
sponsored by Spring Road Christian Church on \_\_\_\_\_.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Spring Road Christian Church and the above mentioned church (hereafter referred to as "the Church") and its staff of any liability against personal losses of named child. **I/We also agree to forgo any money paid for a given event as refunds are only given in case of emergency cancellation (i.e. death in the family, illness).**

I/We have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a student ministries staff member.

Parent/guardian signature: \_\_\_\_\_

Date \_\_\_\_\_