

Valley Students - Event Registration

(Release of Liability - To be filled out by parent or guardian)

Student's Name _____ Student's Email _____

Address _____ City _____ St _____ Zip _____

Grade in school _____

Telephone Numbers of Parent/Guardian: Day _____ Evening _____

During Event _____ Parent/Guardian Email: _____
(we will add you to our weekly newsletter for up to date and weather related info)

EVENT:

DATE:

PLACE:

REGISTRATION DEADLINE:

COST:

"Release of Liability"

I represent to Valley Community Baptist Church, Inc. (VCBC) that I am the legal parent or legal guardian of the above-named minor and I consent to his or her participation in this event. I fully understand that this activity involves mingling with individuals and groups, and that there is always the risk of injury, illness, loss or death and related expenses. For myself and the above-named minor I agree to assume all such risks of this event. For myself and the above-named minor I hereby release VCBC and its agents, servants, employees, and volunteers from any and all responsibility or liability for injuries or losses arising out of this event, whether arising from the negligence of VCBC or said persons or otherwise. I waive any claim or cause of action against them that might arise on account of loss, injury, illness or death arising out of the minor's participation in this event, whether resulting from the negligence of VCBC, its agents, servants, employees or volunteers or otherwise.

AUTHORIZATION

I give permission for my son/daughter to attend the above-named VCBC function. I have read the above "Release of Liability" and agree to its provisions.

Signature _____ Date _____

Print Name _____ Relationship to minor _____

PLEASE COMPLETE BOTH PAGES

Health Form

(To be filled out by parent or guardian)

Office Use Only:

Ck# _____

Date _____

Name _____ Birthdate ____/____/____ Age _____ Gender _____

Address _____ City _____ State _____ Zip _____

Parent(s)/Guardian(s) _____

Telephone Numbers of Parent/Guardian: Day _____ Evening _____

Contact Phone During Event _____ Primary E-mail _____

HEALTH HISTORY

Check what child HAS HAD: ear infections operation/serious health problems

heart trouble chicken pox measles

Check what child NOW HAS: infection asthma other illness

diet restriction potential health problem

Is participant ALLERGIC to: bees penicillin other (if checked please explain)

List medications participant is currently taking, including vitamins. Prescription drugs must have a pharmacy label, including doctor's name:

This history is correct as far as I know. The participant has permission to engage in all trip activities except as noted by me. I authorize the group leader to administer above medications to my child.

(Signature/Relationship)

Date

In the event that I cannot be reached in an emergency, I hereby give permission for the physician selected by the group leader or his designate, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the above-named child.

(Signature/Relationship)

Date

ALL INSURANCE CLAIMS WILL BE SUBMITTED TO THE PARENT/GUARDIAN'S INSURANCE COMPANY.

Insurance Carrier: _____ **Address:** _____

Policy#: _____

ALL PARTICIPANTS MUST HAVE COMPLETED AND SIGNED THE HEALTH FORM WHICH WILL REMAIN WITH THEIR GROUP LEADER.