Registration & Medical Release

Personal Info:

Name _____Age_____ Gender _____

Address_____ Birthdate_____

City/State/Zip_____

Phone (_____)_____ SS# _____

Parents/Guardians _____ How related_____

In emergency, notify _____

Home phone(_____)_____ Work phone(_____)_____

Cell phone (_____)_____ Pager (_____)_____

Family Doctor_____ Office Phone (_____)_____

Health History: Allergies: ____ Insect stings ____ Drugs____ Other allergies
Conditions: ____ Frequent colds ____ Diabetes ____ Heart condition ____ Hay fever
____ Epilepsy ____ Chronic asthma ____ Other (list details below)

-- If you checked any of the above, please give details (i.e., include treatment of allergic reactions):

_____

-- Name & dosage of any medication that must be taken:_____

_____

-- Date of last tetanus shot:_____

-- Any activity restrictions:_____

_____

"In the event a medical emergency should arise during an activity sponsored by The Creek Youth Ministry, I hereby give my permission to the youth ministry leadership of Beavercreek Church of the Nazarene to select a physician and/or hospital for my son's/daughter's care. I hereby give my permission to the physician and/or hospital to hospitalize, secure proper treatment, order injections, anesthesia, or surgery for my son/daughter as deemed immediate and necessary by the attending physician."

Every activity sponsored by this The Creek Youth Ministry and Beavercreek Church of the Nazarene is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent. They also agree not to hold Beavercreek Church of the Nazarene or its employees or volunteer youth staff liable for damages, losses, or injuries to the person undersigned."

"This Medical and Liability Release is valid on June 1, 2016—August 31,2017."

Parent/guardian's signature:_____ Date_______________

Health Insurance coverage _____

Policy or Group Number_____

Beavercreek Church of the Nazarene Youth Ministry
1850 N. Fairfield Rd. Beavercreek, OH 45432 Phone: 937.426.3926 / Fax: 937.426.7673