



Registration & Medical Release

Personal Info:

Name _____ Age _____ Gender _____ T-shirt _____
 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, 2018—August 31, 2019."

Parent/guardian's signature: _____ Date ____ \ ____ \ ____

Health Insurance coverage _____

Policy or Group Number _____