

2014-2015 All-Year Participation Form

I/we give consent for (print name of minor) _____
to attend any Student Ministries events being sponsored by Medinah Baptist Church.

In the event that he or she is injured while under the care of Medinah Baptist Church and its representatives and requires the attention of a doctor, I hereby consent to will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/we further agree to hold the licensed physician, the medical facility, the Medinah Baptist Church and its representatives free and harmless of any claims, demands or suite for damages arising from the authorization and provision of such medical treatment.

I/we understand the nature of the event and do hereby release the Medinah Baptist Church and its representatives from any liability due to accident or injury incurred by my child.

I/we agree to cover all costs if our student needs to be sent home for disciplinary reasons.

I/we understand that I, or my minor, may be traveling in 15-passenger or mini/cargo vans.

Parent/Guardian Signature _____

Name of Parent/Guardian (print) _____

Student's Name _____

Address _____

City _____ State _____ Zip _____

Telephone at Home () _____

Telephone at Work () _____

Other phone (specify cellular/pager, etc.) () _____

Email _____

Student's Birthday _____ Grade _____ School _____

Special Medications or Medication Allergies _____

Family Doctor/Name of Practice _____

Doctor's Phone () _____

Insurance Company _____

Group # _____ Policy # _____

Those in charge will take every possible safety precaution and every possible attempt will be made to contact parents or guardians immediately in the event of injury or other emergency.