

FCC Children/Youth 2009-2010

Registration/Medical Release Form

Child/Youth's Name _____

Parent(s) Name(s) _____

Address _____
Street City ST Zip

Phone _____ Birth date _____ Age _____ Grade _____

Emails:

Parent(s) : _____

Child/Youth: _____

Emergency Numbers: Daytime _____ Night _____ Alternate _____

Cell (parents) _____ (Child/Youth) _____

Photo Use Consent:

I consent to and authorize the unrestricted use and reproduction by your or anyone authorized by you, of any and all photographs and/or video images which you have taken of my child/youth, listed above, for use within the scope of First Christian Church (facility, website, brochures, etc).

Date: _____ Parent/Guardian: _____

MEDICAL INFORMATION/HISTORY

Child/Youth's Physician _____ Phone Number _____

Allergies _____

Chronic or reoccurring illness _____

Use of Medication _____

(Over)

Physical Limitations _____

Vaccinations and immunizations current? _____ Date of last tetanus shot: Month _____ Year _____

Personal Insurance Carrier _____ Policy # _____

Membership # _____ Comments: _____

Parent's Consent: I consider my son or daughter to be physically able to participate in the 2009-2010 First Christian Church activities. I give full permission for my son/daughter to participate in all phases of church activities. Date _____ Parent/Guardian _____

MEDICAL AUTHORIZATION

The undersigned, being the Parent and/or Guardian of _____ a Minor, do hereby authorize and empower First Christian Church Staff and sponsors to act in my behalf in obtaining necessary medical treatment for said Minor. This authorization shall extend to obtaining ordinary medical treatment and, if deemed necessary by a physician, emergency medical treatment including surgery, if such surgery is required a life-threatening situation. In the event elective surgery is recommended by any physician, my express verbal approval is required. This authorization shall apply to medical treatment and services provided by any licensed physician or accredited hospital.

Parent or Guardian Signature

Parent or Guardian Signature

THE FOLLOWING LAWSUIT RELEASE FORM MUST BE SIGNED BY PARENT AND YOUTH

The undersigned hereby release First Christian Church of Stillwater, OK from any and all liability resulting from bodily injury to _____ or damages to property arising out of, or incident to the activities of this Youth Group sponsored by First Christian Church.

Parent or Guardian Signature

Child/Youth's Signature

Notary Information

Subscribed and sworn to before me this _____ day of _____, 200___. Witness my hand and official seal, _____

(Notary Public)

My Commission expires _____