

ROCK:YOUTH

Student Ministry Registration/Health Info:

August 2010 – July 2011

Please Print In Ink

Name: _____ Birthday ____/____/____ Male Female
Last First Middle Init. (circle one)

School _____ Grade _____

Parent/Guardian _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Address _____ City _____ State _____ Zip _____

Second Parent _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Alt. Emergency Contact _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Parent email address _____ Student email address _____

Medical insurance carrier _____ Policy# _____ Group# _____

Carrier address _____ Name of insured person _____

Insured person's place of employment _____ Insured Person's social security# _____

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Allergies: _____

Chronic illness/medical conditions including mental illness (depression, anxiety, etc).

Dietary Restrictions: _____

Current Medications (List both prescription, OTC and herbal)

Medication name: _____ Dosage _____ Reason for taking _____

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Blood type (if known) _____ Are all immunizations current? (MMR, tetanus, hepatitis) Yes ___ No ___

Describe your students swimming ability: Beginner ___ Intermediate ___ Lifeguard certified ___

Any other information you feel the leaders should know in advance about your student. _____

For your information, these are our rules of conduct expected from each student:

- Respect one another, staff and adult leaders
- No alcohol, drugs, tobacco
- No students permitted to drive for events
- Participation with the group expected
- No offensive or immodest clothing
- No boys in girl's sleeping quarter & visa versa
- No 2-piece swim suits
- Respect and comply with event schedules
- Respect property

Failure to comply with these expectations could result in your child being sent home at your expense.

My child has permission to attend all ROCK:Youth activities as listed in the ROCK newsletter and offered by ROCK ministry.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

ROCK:YOUTH WAIVER AND RELEASE FROM LIABILITY

Effective August 2010 to July 2011

I(We) acknowledge that my child's participation in the ROCK:Youth program is voluntary and may require involvement in activities that require traveling or physical exertion. I (We) acknowledge that my child's participation in any ROCK:Youth activity presents the risk that my child may suffer property damage or bodily injury. I (We) understand that every effort will be made by ROCK ministry (staff and volunteers) to keep my child safe, but that accidents may still occur. Therefore, in consideration of my child's being allowed to participate in said program activities, and in light of the precautions that will be taken, I (we) agree to the following:

Initial

- Mitchell Wesleyan/Rock:Youth are not responsible for the loss or theft of personal belongings.

Initial

- Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

Initial

- I understand and authorize that my child's image may be photographed or filmed and used in video presentations, and printed publication for ROCK:Youth Ministries including the internet website.

Initial

- I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns:
 - A) I **waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in ROCK:Youth activities, the following person, or entities: Mitchell Wesleyan Church, it's Senior Pastor and Associate Pastors, employees, volunteers, representatives, subcontractors and agents of any of the above:
 - B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of ROCK: Youth, Mitchell Wesleyan staff or volunteers and:
 - C) I **indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all ROCK:Youth activities.**

Initial

- The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

Initial

- I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to ROCK:Youth representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

Initial
(Optional)

- I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/ Diphenhydramine or over the counter antacids as needed:

Child's Name: _____

Parent(s)/Guardian Signature: _____