

JACKSON MEMORIAL BAPTIST CHURCH

4316 Bruce Road, Chesapeake, VA 23321
(757) 484-5568 (office) • (757) 484-5804 (fax)

REGISTRATION AND MEDICAL INFORMATION / PARENTAL PERMISSION AND RELEASE

Participant

Name _____ Gender Male _____ Female _____
Age _____ Date of Birth _____
Primary Address _____ City/State/Zip _____

Father / Guardian

Name _____
Home Phone _____
Business Phone _____
Cell Phone _____
Email _____

Mother / Guardian

Name _____
Home Phone _____
Business Phone _____
Cell Phone _____
Email _____

Emergency Contacts (Other than Parents)

Contact 1

Name _____
Relationship to Child _____
Home Phone _____
Cell Phone _____
Email _____

Contact 2

Name _____
Relationship to Child _____
Home Phone _____
Cell Phone _____
Email _____

Doctor Information

Doctor's Name _____
Office Address _____
Phone _____
Dentist's Name _____
Office Address _____
Phone _____

Health Insurance Information

Company Name _____
Address _____
Phone _____
Policy Number _____
Group Number _____

Note

Attach a copy of the front and back of your insurance card to this form.

Medical History / Current Information

Date of Last Tetanus Shot _____
Current Medical Conditions _____

All Immunizations Are Current _____ Not Current _____
Drug Allergies _____
Food Allergies _____
Insect Allergies _____

Current Medications

| Dosage | Schedule |
|--------|----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

My child can take _____ Tylenol _____ Advil _____ Ibuprofen _____ Benadryl _____ Other _____

PARENTAL / GUARDIAN PERMISSION AND RELEASE

AUTHORIZATION

This consent form gives permission to seek whatever medical attention is deemed necessary, and hereby releases Jackson Memorial Baptist Church, its staff, and volunteers of any liability against personal losses of named participant.

I/We the undersigned have legal custody of the student named below, a minor, and have given our consent for him/her to attend events / activities / trips planned, organized, or coordinated by Jackson Memorial Baptist Church ("Church"). I / We understand that there are inherent risks involved in any ministry or athletic event, and I / We hereby release the Church, its ministers, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my / our child's involvement.

While I understand that the Church will take all reasonable steps to provide individual care and safety for my child, I am aware that the Church or their employees or volunteers cannot assume any responsibility for an injury, damage, or harm which might result during the course of any activity or function so sponsored or attending. In consideration of permitting my child to participate, I agree that full responsibility will remain with me, as parent or guardian of my child. Should any claim be asserted by any person as the result of the acts of my child while participating in the course of activities provided by the Church, or traveling to or from such activity, I agree to indemnify and hold the Church harmless from any claims, including attorney fees and costs incurred by the Church in defense thereof.

In the event that my child is injured and / or requires the attention of a doctor, I/We consent to any medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and / or hospital personnel designated by the Church, I / We agree to hold such person(s) free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I / We also acknowledge and understand that I / We will be ultimately responsible for the cost of any medical care should the cost of that medical care not be covered or reimbursed by our health insurance provider. Further, I / We affirm that the health insurance information provided is accurate at this date and if changes occur, I/We understand it is our responsibility to report and provide updated information to the Church.

Activities / events may include, but are not limited to Life Groups, Bible Studies at church or in homes, local mission projects, cookouts, swimming, skiing, lock-ins, basketball, roller skating, ice skating, concerts, amusement parks, biking, soccer, dodge ball, volleyball, softball, camping, hiking, hayrides, retreats, parties, etc.

This document also gives my / our permission for my child to ride in church vehicles, vehicles leased / rented by the church, and/or private vehicles of adults involved with the children and/or youth.

_____ (child's name) has my / our permission to attend and participate in activities as well as be transported by Jackson Memorial Baptist Church – effective June 2011 thru June 2012.

(Parent / Guardian Signature)

(Parent / Guardian Printed Name)

NOTARY INFORMATION

On this _____ day of _____, 20____, _____ personally appeared before me, and in my presence executed the within and foregoing permission and release form.

NOTARY STAMP

Notary Public _____

Notary Registration Number _____

My Commission Expires _____

PHOTOGRAPHING / VIDEOTAPING CONSENT

I, _____ (please print legibly), herein grant permission for my child(ren) to be photographed and / or videotaped while participating in events / activities / trips planned, organized, or coordinated by Jackson Memorial Baptist Church, 4316 Bruce Road, Chesapeake, VA 23321. Furthermore, I also give permission for the photos and / or video to be utilized in materials (including the church website) for promotional purposes as long as my child(ren) are not identified by name. I also agree to hold harmless the above named parties for any loss or injuries arising from the process of acquiring the media or from its use.

Parent / Guardian Signature _____ Date _____

Name of child(ren): _____

CODE OF CONDUCT

All participants are expected to abide by the following guidelines of conduct:

- Respect the health of my body by refraining from bringing, using, buying, or acquiring tobacco, alcohol, drugs, or any other harmful substance
- Respect the physical and emotional well-being of others by doing unto them as I would have them do unto me (honoring their need for sleep, refraining from harmful practical jokes, etc.)
- Help ensure safety for myself and others by not bringing weapons, explosives, or fireworks of any kind
- Refrain from using any offensive language and the wearing of immodest clothing
- Respect the privacy of others especially of the opposite sex by not entering areas that are off limits (no males in female sleeping areas and no females in male sleeping areas)
- Be responsible for my own behavior and participate fully in all scheduled activities
- Respect all property (such as facilities, vehicles, etc.)
- Adhere to curfews and follow established security procedures/instructions within the church building and at other locations established by staff, chaperones, etc.
- Maintain a positive attitude and be thoughtful and friendly to others

I understand if a disciplinary situation occurs, my parents/guardians may be contacted and I may be sent home at my parents/guardians expense. I further understand that disciplinary action will be decided by the staff member or leader in charge.

Participant Signature _____ Date _____

Parent / Guardian Signature _____ Date _____