

Medical Info & Release for 2009

Please print Participant's LAST NAME ONLY in box

Please fill in completely in pen and print legibly.

PARTICIPANT INFO:

Name of Participant _____ Sex: M F Age _____ Birthdate _____

Address _____

City _____ ST _____ ZIP _____

Participant's Home Phone (_____) _____ Participant's cell # (_____) _____

Grade _____ School _____ Participant's email _____

Church Member Anywhere? No Yes... Where? _____

PARENT/GUARDIAN/SPOUSE EMERGENCY CONTACT INFO:

Participant lives with: Both parents / Mother / Father / Grandparents / Guardian / Spouse / Alone

Mother: name _____ Home # _____ Work# _____

Cell # _____ Mother's Email _____

Father: name _____ Home # _____ Work# _____

Cell # _____ Father's Email _____

Spouse: name _____ Home # _____ Work# _____

Cell # _____ Father's Email _____

IF ABOVE CANNOT BE REACHED:

Notify (#1) _____ Relation? _____ Phone (____) _____

INSURANCE AND MEDICAL INFO:

Health Insurance Carrier _____ Policy Number _____

Participant's Social Security Number _____ - _____ - _____

SS# of person who carries the insurance (ER requests this) _____ - _____ - _____

Preferred Hospital/Emergency Room in Birmingham area _____

Participant's Physician _____

Allergic to? Penicillin Insect bites/stings Other _____

Other health problems? _____

Current prescription medications? _____

Please
attach a
photocopy
of health
insurance
card



Philadelphia
Baptist

PLEASE COMPLETE THE BACK

Participant's Agreement

As a participant, I agree to abide by the rules for PBC events which I attend. I agree to abstain from all use of alcohol, illegal or non-prescribed prescription drugs, and tobacco products. I understand that my own personal attitude plays an important role in making this trip successful for the whole group, therefore I will strive to maintain a loving, spiritual atmosphere among the group. I understand if I fail to keep the rules I may be asked to leave at my own expense without any refunds. I further understand that the leaders at this event are responsible for my safety, conduct, and supervision.

Participant's Signature _____ **Date** _____

Travel Permission for Minors

I give my child permission to travel on trips with Philadelphia Baptist Church.

Parent / Guardian Signature _____ **Date** _____

Release

The undersigned participant and/or parent or legal guardian of the participant hereby releases, acquits, and forever discharges Philadelphia Baptist Church, their employees, agents, successors and assigns, from all suits, damages, claims, proceedings, demands and liability from any such injury, harm, or damage that the participant may incur during any participation in this event.

It is further agreed that the participant and/or the parent or legal guardian of the participant, shall indemnify and hold harmless Philadelphia Baptist Church, their employees, agents, successors or assigns, for all claims of any nature whatsoever, whether in the form of legal or equitable actions, that can be brought as a result of the participant's own negligence while participating in the activity described herein.

Furthermore, in the event of accident, if the said staff or representatives are unable to communicate with the participant or contact the parent or guardian of the participant, the participant or the undersigned parent or legal guardian of the participant hereby grants permission to said staff or representatives to administer necessary first aid, and/or to take applicant to the nearest medical facility for additional treatment.

Signed and agreed to this _____ day of _____, 200_____.

Parent or Guardian Signature (if under 18 yrs) _____

or

Participant Signature (if 18 or older) _____

