

GRACE CHURCH

Student Ministry Registration and Medical/General Release Form

If there is a change in ANY of this information, a new form must be filled out.

STUDENT'S PERSONAL INFORMATION: (Please Print)

Student's Full Name: _____ Birthday: ____/____/____ Grade: _____ Male / Female
mm dd year circle one

T-shirt Size: (Please circle your child's size) Youth XSM Youth SM Youth M Youth LG Adult SM

Doctor's Name _____ City: _____ State: _____ Phone: _____

Insurance Company: _____ Group: _____ Policy #: _____

Should this student's activities be restricted for any reason? If yes, please explain. _____

Please list any allergies (foods, plants, medicine, etc.): _____

Does your child have any medical problems? (ie Epilepsy, heart trouble, diabetes, etc.) _____

Current Medications (including Psychiatric) Medication Name Frequency Dosage Explanation
Please use back for any additional information.

STUDENT'S PERSONAL INFORMATION: (Please Print)

Student's Full Name: _____ Birthday: ____/____/____ Grade: _____ Male / Female
mm dd year circle one

T-shirt Size: (Please circle your child's size) Youth XSM Youth SM Youth M Youth LG Adult SM

Doctor's Name _____ City: _____ State: _____ Phone: _____

Insurance Company: _____ Group: _____ Policy #: _____

Should this student's activities be restricted for any reason? If yes, please explain. _____

Please list any allergies (foods, plants, medicine, etc.): _____

Does your child have any medical problems? (ie Epilepsy, heart trouble, diabetes, etc.) _____

Current Medications (including Psychiatric) Medication Name Frequency Dosage Explanation
Please use back for any additional information.

STUDENT'S PERSONAL INFORMATION: (Please Print)

Student's Full Name: _____ Birthday: ____/____/____ Grade: _____ Male / Female
mm dd year circle one

T-shirt Size: (Please circle your child's size) Youth XSM Youth SM Youth M Youth LG Adult SM

Doctor's Name _____ City: _____ State: _____ Phone: _____

Insurance Company: _____ Group: _____ Policy #: _____

Should this student's activities be restricted for any reason? If yes, please explain. _____

Please list any allergies (foods, plants, medicine, etc.): _____

Does your child have any medical problems? (ie Epilepsy, heart trouble, diabetes, etc.) _____

Current Medications (including Psychiatric) Medication Name Frequency Dosage Explanation
Please use back for any additional information.

STUDENT'S PERSONAL INFORMATION: (Please Print)

Student's Full Name: _____ Birthday: ____/____/____ Grade: _____ Male / Female
mm dd year circle one

T-shirt Size: (Please circle your child's size) Youth XSM Youth SM Youth M Youth LG Adult SM

Doctor's Name _____ City: _____ State: _____ Phone: _____

Insurance Company: _____ Group: _____ Policy #: _____

Should this student's activities be restricted for any reason? If yes, please explain. _____

Please list any allergies (foods, plants, medicine, etc.): _____

Does your child have any medical problems? (ie Epilepsy, heart trouble, diabetes, etc.) _____

Current Medications (including Psychiatric) Medication Name Frequency Dosage Explanation
Please use back for any additional information.

Parent's Personal Information:

Address: _____ City: _____ State: _____ Zip: _____

1) _____ () - _____ () - _____ () - _____ Yes / No
Mother's First and Last Name Work Phone Home Phone Cell Phone Text

_____ Address (if different from student) _____ City _____ Zip

2) _____ () - _____ () - _____ () - _____ Yes / No
Father's First and Last Name Work Phone Home Phone Cell Phone Text

_____ Address (if different from student) _____ City _____ Zip

3) _____ () - _____ () - _____ () - _____
Alternate's First and Last Name Relationship to student Work Phone Home Phone Cell Phone

4) _____ () - _____ () - _____ () - _____ Alternate
Full Name Relationship to student Work Phone Home Phone Cell Phone

MEDICAL/GENERAL RELEASE:

I/We authorize Grace Church, located at 5214 Stone Lake Dr., Wichita Falls, TX, 76310, its agents, volunteers, employees, officers or directors, in whose care the minor child has been entrusted by me/us, to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general care and special supervision of a physician and/or a dentist. It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of GRACE CHURCH, its agents, volunteers, employees, officers or directors, to give specific consent to any and all such diagnosis, treatment, or hospital care which a treating physician and/or dentist in the exercise of his/her best judgment may deem advisable in the event of injury to or illness of the minor child.

This Authorization shall remain in effect and any treatments authorized herein shall begin prior to such date, unless sooner revoked by the undersigned in writing delivered to GRACE CHURCH. This also releases GRACE CHURCH, its agents, volunteers, employees, officers, or directors from any and all costs and expenses, including but not limited to, attorneys fees, reasonable investigative and discovery costs, court costs, and all other sums which GRACE CHURCH, its agents, volunteers, employees, officers, or directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion of liability, or any claim or action founded for, arising or alleged to have arisen out of the activity for with Authorization is given or the use of real property belonging to GRACE CHURCH, its agents, volunteers, employees, officers, and/or directors, or by any action omission by the minor child.

TRANSPORTATION RELEASE: (Please initial)

_____ Please be aware that students will be transported to and from the event in a church, rental, or private vehicle.

INSURANCE RELEASE: (Please initial)

_____ I realize that church insurance begins where the individual's health and accident policy terminates. It is only valid when other insurance has been extended to its limits.

PERSONAL BELONGINGS RELEASE: (Please initial)

_____ I realize that Grace Church is not responsible for personal belongings.

DISCIPLINE RELEASE: (Please initial)

_____ In the event of serious/repeated misconduct and/or violation of law, I authorize the staff to send my student home at my expense.

PHOTOGRAPHY RELEASE: (Please initial)

_____ Photos taken at Grace Church events may include my student, and these images may be used to promote future activities.

_____ Date _____ Parent or Legal Guardian (Please Print) _____ Signature of Parent or Legal Guardian _____ Relationship (ie. mother, father)

Notes: