

REGISTRATION FORM

Medical Information

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's/ward's medical history

Medication Allergies: _____

Food Allergies: _____

Medication(s) currently being taken : _____

Family Physician : _____ Phone (____) _____

Medical Insurance Company: _____

Insurance ID number : _____

Description of any limitations or restrictions on activities: _____

Permission

Parent/Guardian Authorizations & Liability Release:

I have requested that Lakes Area Christian Fellowship, INC enroll my child/ward, as named above, as a participant in an activity-based program sponsored by Lakes Area Christian Fellowship, INC. As a condition of participating or allowing my child to participate in this program, I, the undersigned, do hereby agree on behalf of my child/ward, as named above, to the following:

Known & Unknown Risks

I understand that my child's/ward's presence at and participation in this program presents varying degrees of certain risks—some of which are unknown—which may arise from a condition of the premises at which the program is held; from an action of any person in connection with the conduct of any planned or unplanned activity; or from other unforeseen elements.

While it is understood that programs and activities are fully supervised by qualified staff whose goal it is to make every experience as safe as possible, I acknowledge that such known and unknown risks exist, I understand that my child/ward may incur personal injury or property damage while attending this program, and I fully and willingly agree to assume all risks associated with these activities on behalf of my child/ward.

Medical Release

I consent to first aid and emergency medical care for my child/ward and authorize, if necessary, admission to a hospital for treatment of injuries that my child/ward could sustain while participating in this program.

I understand that I am responsible for any and all medical expenses that may be incurred by my child/ward, including emergency medical transport, as a result of any accident or illness while participating in the program.

I give permission for Lakes Area Christian Fellowship, INC to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for my child/ward for medical care.

Publicity Release

I agree to allow the use of my child's/ward's photos, quotes and/or likeness' in brochures, ads, web pages, video tape and other media as deemed useful by Lakes Area Christian Fellowship, INC for marketing purposes. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes or likeness'.

Name of parent/guardian (please print)

Signature of parent/guardian _____ Date ____/____/____