



Registration

Event: Winter Camp

Cost: \$135

Student Name: _____ Date of Birth: _____

Street: _____ City: _____ Zip: _____

Grade: _____ *T-shirt Size: _____

Parent/Guardian: _____ Cell phone: _____

Emergency Contact: _____ Cell phone: _____

Liability Waiver

Please read the entire document and sign at the bottom.

I agree to release Cross and Crown Church/Southside Bible Church/Parker Hills Bible Fellowship/Parker Bible Church and its employees and agents from liability. I also grant permission to Cross and Crown Church/Southside Bible Church/Parker Bible Church to seek and obtain medical care in the event of illness or injury. I have therefore read this document carefully before signing it. I understand that during my child's participation, he/she may participate in several strenuous activities. Prior to my child's participation, I acknowledge that there are certain risks of physical injury or illness associated with activities in which I/he/she may participate.

In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware. By signing I expressly assume these risks, whether such risks are known or unknown to me at this time. I further release Cross and Crown Church/Southside Bible Church/Parker Bible Church and its employees and agents from any claim that I may have against them as a result of physical injury or illness incurred during my participation. This release of liability shall include (without limitation) any claims for negligence or breach of warranty that I may have against Austin Bluffs Evangelical Free Church/Southside Bible Church/Parker Bible church or its employees or agents. This release of liability is also intended to cover all claims that members of my family or my estate, heirs, representatives, or assigns may have against Cross and Crown Church/Southside Bible Church/Parker Bible Church or its employees or agents.

In the event that my child is injured or becomes ill, I authorize Cross and Crown Church/Southside Bible Church/Parker Bible Church and its employees and agents to seek and obtain any necessary medical treatment for my child. I further authorize any licensed doctor or hospital to administer medical treatment on my child. This release and permission form shall be effective and binding upon Cross and Crown Church/Southside Bible Church/Parker Bible Church and me. I have read this release and permission form and understand its terms.

Parent/Guardian: _____ Date: _____

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medications? YES/NO

If yes please explain: _____

Does your youth have a physical restriction or illness that will prevent him/her from participating in normal rigorous youth activities? YES/NO

If yes please explain: _____

Family Doctor: _____

Phone: _____

Insurance Company: _____

Policy Number: _____

Photo/Video Release

I recognize that Parker Bible Youth Ministry uses photographs and video images of events in publicity materials such as the church website and other media and I hereby grant permission for the photo/video images of my child to be taken and used for such purposes.

Parent/Guardian: _____