

Ascend 2017 Registration & Medical Release Form

STUDENT INFORMATION

Name: _____ T-shirt size _____

Gender: _____ Date of Birth: _____

PARENT INFORMATION

Name(s): _____

Home Phone: _____ Cell Phone: _____

Email: _____

Check this box if you grant permission for Ascend Camp to use photos and videos of your child for promotion online and/or in printed materials.

INSURANCE INFORMATION

Insurance Company: _____

Policy / Member Number: _____ Group Number: _____

Company Phone: _____ Physician's Name: _____

MEDICAL HISTORY | CONSENT & RELEASE

Please mark all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Date of last tetanus shot: _____ |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Insect Sting Allergies | |
| <input type="checkbox"/> Cardiac Problems | <input type="checkbox"/> Physical Disability | Special Notes: _____ |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nervous Disability | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other (please list): _____ | _____ |
| <input type="checkbox"/> Asthma | _____ | _____ |

I hereby authorize the participation of the above-named child in activities of Mission Road Bible Church at Ascend Summer Camp. In consideration of Mission Road Bible Church providing these activities, I, on behalf of myself and other parents and guardians of the minor, do hereby release Mission Road Bible Church, its officers, employees, agents, and members of the Board of Elders from all claims and causes of action by reason of any injury which may be sustained as a result of these church activities, whether on the church premises or on the way to or from these activities. I agree to direct my child to cooperate and to conform with directions and instructions of personnel of the organization in charge of these activities. Should my child not do so, and should those leading an activity believe it necessary, I will come and remove my child from the activity as soon as possible after being called by a staff representative for that purpose. I understand and agree to leadership having access to my child's room when necessary.

I hereby give my permission to the physician, nurse, or dentist selected by Mission Road Bible Church to secure medical or dental aid as required for illness or injury under a physician's orders, including transportation to and from necessary facilities. As a participant, I understand Mission Road Bible Church is not obligated to carry any insurance to cover those medical and/or dental expenses. If such insurance is carried, coverage will be provided only for expenses in excess of the limits of the participant's insurance. I understand that my personal insurance is my primary coverage.

This authorization shall remain effective until revoked in writing delivered to Mission Road Bible Church.

Parent/Guardian Signature: _____ Date: _____