

**IMPACT STUDENT MINISTRIES
REGISTRATION & MEDICAL RELEASE**

Event: _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Date of Birth: _____ Grade: _____

Emergency Phone: _____

Being aware of the activities the registrant will be participating in, and understanding the risks involved in those activities, I hereby consent to the registrant's participation in the above mentioned event with the First Christian Church of Newbury Park, I indemnify, defend and hold harmless First Christian Church of Newbury Park from all claims made and liabilities assessed against them as a result of the registrant's activities. Further, in case of emergency, I understand that every effort will be made to contact parents of guardians of minor registrants. However, if parents of guardians cannot be reached, or if I, the below signed registrant am 18 years of age or older, I hereby give First Christian Church of Newbury Park, its staff and leaders permission to act on my behalf in seeking medical treatment in the event that such treatment is deemed necessary, prudent or advisable for the registrant's health, safety or welfare. I give permission to those administering medical treatment to do so using the measures deemed necessary. I release the above mentioned churches and all medical providers from liability in acting on my behalf in this regard and in rendering such medical treatment. I assume the financial responsibility for all medical treatment provided to the registrant.

Check the box that applies:

- Parent / Guardian
- Registrant 18 years of age or older

Print Name: _____

Signature: _____ Date: _____

MEDICAL & INSURANCE INFORMATION

The registrant is covered by the following health insurance policy that will be in effect during the outing. Use the following policy information in the event of an emergency:

NAME OF HEALTH INSURANCE COMPANY:

POLICY # _____

GROUP # _____

INSURANCE PHONE # _____

PERSONAL PHYSICIAN: _____

PHONE # _____

DATE OF LAST TETANUS SHOT: _____

I give my permission to the leaders of Newbury Park First Christian Church to give my child approved over the counter medications such as, but not limited to Aspirin, Tylenol, Advil, Motrin, Sudafed, for pain, fever or symptom relief due to a non emergency illness or injury.

Signed: _____ Date: _____

The registrant has special medical conditions, allergies or is currently taking medication which may be important for the trip leaders or medical providers to know. (Attach all pertinent information)

Trip Behavior Guidelines:

I understand that trip behavior and safety guidelines will be explained to each participant and that each participant will be responsible and held accountable to those guidelines. I furthermore realize that if in the estimation of the trip leaders, any person becomes a safety or behavioral problem to the group, that individual will be sent home at their own or their parent's expense. I, as a parent, acknowledge my responsibility to provide such transportation should it become necessary. I also understand my responsibility for any damage done to persons or property by my child and will make restitution financial or otherwise for damage may child my do.

Parent/ Guardian signature: _____

Student signature: _____

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