



Prairie Bluffs Mission Center

2009 – 2010 School Year 3rd – 12th Grade Activity Registration and Consent Form



NAME: _____
First Middle Initial Last

ADDRESS: _____
Street Address

_____ City State Zip

GRADE: _____ AGE: _____

SEX: M OR F BIRTHDAY: _____

TELEPHONE: (H) ____ / _____

EMAIL ADDRESS: _____

PARENT(S)/LEGAL GUARDIAN(S): _____

DAYTIME TELEPHONE: _____

EVENING PHONE: _____

NEXT OF KIN/FRIEND: _____

DAYTIME TELEPHONE: _____

EVENING PHONE: _____

MEDICAL HISTORY (Please explain any "Yes" answers)

| Yes | No | Question |
|---|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you allergic to any foods, medications, etc? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you presently under a physician's care for any acute/chronic medical condition? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently taking any medications (prescription or otherwise) and for what purpose? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any physical restriction or emotional, medical or psychological condition that needs special attention at a Youth Activity? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you recently been exposed to a contagious disease? _____ |
| <p>➡ Family Physician: _____ Phone: _____</p> <p>Office Address: _____</p> <p>➡ Health Insurance Company: _____ Phone: _____</p> <p>Policy Holder's Name: _____</p> <p>Policy No.: _____ Group No.: _____</p> | | |

(PLEASE ATTACH A PHOTOCOPY OF YOUR INSURANCE CARD.)

STATEMENT OF CONSENT AND RELEASE

I, the undersigned, having read and consent to the rules, guidelines, and releases specified on the reverse of this form.

_____ Participant (if age 21 or older)

_____ Parent/Legal Guardian/Next of Kin

_____ Parent/Legal Guardian/Next of Kin

_____ Date

**BOTH PARENTS MUST SIGN LIABILITY RELEASE
UNLESS PARENTS ARE SEPARATED OR DIVORCED,
IN WHICH CASE, THE CUSTODIAL PARENT MUST SIGN.**

Release and Consent

Please read each of the following Release and Consent Statements. Please sign at the bottom of the reverse side of this page. I give my consent for my child to attend Prairie Bluffs Mission Center activities for the 2009-2010 school year. I understand the activities will be at different locations, as advertised. If any of the said information on the reverse side changes, it is the responsibility of the parent(s), legal next-of-kin, or guardian of the registrant listed on this form, to inform Youth Ministries.

Medical Treatment Consent

In case of injury or illness, the Youth Leader(s) have my permission and authorization to seek necessary medical attention or treatment for my child. In the case of my primary insurance not covering the expense, or the fact of no primary health insurance provider, health insurance is provided up to a specific dollar amount.

Liability Release

The parent, legal guardian, next-of-kin, or participant signing the reverse of this page acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur.

In consideration for being accepted by the Prairie Bluffs Mission Center, Community of Christ, for participation in the Mission Center Youth Program, we (I), being 21 years of age or older, do for ourselves (myself) and for and on behalf of my child-participant, hereby release, forever discharge and agree to hold harmless the aforementioned Mission Center, and the Community of Christ, the Youth Leaders, whether volunteer/agents or employees, and host families thereof from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in any planned activity.

Furthermore, we (I) on behalf of our (my) child-participant, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in all activities involved therein.

The parent/guardian further agrees to hold harmless and indemnify said organization, its leaders, employees, and volunteers/agents, for any liability sustained by said organization as a result of the negligent, willful, or intentional acts of said participant, including expenses incurred by attendant thereto.

Photo Release

In consideration of the right of the registrant to participate in this activity, I hereby give consent to and authorize the taking of photographs or video tape in which the registrant may appear. I hereby waive all rights of privacy in and to any said pictures or tapes.

SEND TO:

***Youth Ministries
116 West Kanesville Boulevard
Council Bluffs, Iowa 51503-3047***

Phone: 712/328-3160

Fax: 712/325-0056

