

SUMMIT VIEW CHURCH REGISTRATION FORM

7701 NE 182nd Ave • Vancouver, WA 98682 • (360)260-8300 • www.summitview.net

STUDENT REGISTRATION & MEDICAL RELEASE

Name of Event: **Student Mission Trip to Harrah, WA** Date of Event: **November 5-8, 2009**
Location of Event: **Harrah, WA (near Yakima)**

Student's Name: _____ Sex: M / F Phone: _____

Address: _____
(street) (city) (state) (zip)

School: _____ Grade: _____ DOB: _____

Parent E-mail Address: _____

Parent(s)/Guardian(s) Names: _____

MEDICAL INFORMATION

Allergies: _____

Medication(s) taken: _____

Last Tetanus Shot: _____

Physical limitations: _____

Medical Insurance Company: _____

Policy Holder's name: _____ Policy #: _____

Parent's Doctor: _____ Phone #: _____

Student's Doctor: _____ Phone #: _____

EMERGENCY PHONE NUMBERS

Name/Relation 1: _____ Home #: _____ Work #: _____

Name/Relation 2: _____ Home #: _____ Work #: _____

LIABILITY RELEASE

I give permission for my child, as named above, to participate in Summit View Church's sponsored event, as named above, on the dates listed above. I am aware my student will be riding with leaders in their vehicles. I hereby release Summit View Church, its employees and agents from responsibility and liability for any illness or injury that the above named child may sustain during any activity.

initials of parent
or guardian

MEDICAL RELEASE

In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me to consent to any x-ray examination; medical, dental, anesthetic, or surgical diagnosis; treatment; and hospital care advised and supervised by a licensed physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either at the physician's office or in a hospital. I understand the activity director will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the activity personnel responsible if efforts to contact me (us) are unsuccessful. I further promise to hold harmless Summit View Church and/or its employees, agents and volunteers from any and all expense incurred pursuant to this authorization in obtaining medical treatment and/or transfer, including but not limited to: ambulance expense, cost of paramedics, hospital expense and/or physician charges.

initials of parent
or guardian

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Important Insurance note: In the event of an injury to the attendee, it is the policy of the church that the individual's insurance be primary and Summit View Church medical coverage be secondary.

Signature of parent/guardian

Date

For office use only:

Pd. by date: _____ Cash _____ Check # _____ Init'l _____