



EFFECTIVE FOR ALL TRIPS and EVENTS BETWEEN SEPTEMBER 1ST, 2009 AND AUGUST 31ST, 2010

1. General Information

Student's full name: Gender: Birth date: / / Grade (for 09-10 school year): Home Address: City, State, Zip: Home Phone: () Father's Name: Work Phone: () Mother's Name: Work Phone: () Emergency Contact: Phone: () Insurance Carrier: Policy #: Phone: () Primary Care Physician: Phone: () Dentist: Phone: ()

2. Health History

Please check all health conditions that apply to this student:

Headaches Hay Fever Sleeping Condition Asthma Diabetes Epilepsy Physical Handicap Frequent Colds Frequent Stomach Aches Nervous Disorder Heart Condition Other Allergies

Please explain any of the "yes" answers above:

Does the student take any prescription or over-the-counter medication?

List any activities your student may not participate in:

3. Consent for Emergency

AUTHORIZATION

I, the undersigned parent/guardian of (Please print first and last name) Southeast Student Ministries for all activities. It is expressly understood by the parents/guardians that the child for whom this registration is made is in a condition of health that warrants his/her participation in any event, and that the adult leaders of this activity are hereby granted permission to take the named youth to a medical doctor for examination and treatment of any accident or illness that may arise during any activity between the dates listed above. It is also understood by the parents/guardians that changes in the child's Health History must be submitted in writing to Southeast Student Ministries. In consideration of this acceptance for said activities and said ministry, Southeast Christian Church, its staff, and volunteers are hereby released and relieved from all liability for accident and injury to said youth arising from any and all activities of these events. PHOTO RELEASE: I understand Southeast Christian Church has all rights to work done by my child, including any poses, acts, plays, and appearances made by my child, as well as the right to use my child's name and photographs, either still or moving, for commercial and advertising purposes in connection therewith.

Parent/Guardian Signature: Date: