C.R.O.S.S. 2012 – Student
❑ Deposit Received

FPCA Mission Retreat Registration & Medical/Liability Release Form

Student Name: _____

Date of Birth: _____ Age: _____ Grade: ____ SSN: ____-___-____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ T-Shirt Size: _____

If you have a current, (completed within the past 6 months) medical release and liability form is in the church office, please check here: ❑ (Go to page 3 – you do not need to complete this portion of the form.)

Parent/Legal Guardian Name(s): _____

Emergency Contact: _____ Phone: _____

Relationship to Student: _____

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Health History

Allergies and other conditions: (please check all that apply)

_____Insect Allergies	_____Drug Allergies	_____Other Allergies
_____Frequent colds	_____Heart	_____Asthma
_____Physical Handicap	_____Epilepsy	_____Hay Fever
_____Frequent Stomach Upsets	_____Diabetes	

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions): _____

_____

_____

Student Name: _____

Date of last tetanus shot: _____

Name and dosage of any routine medications: _____

_____

_____

Swimming restrictions: ____No ____Yes, Explain _____

Activity restrictions: ____No ____Yes, Explain _____

If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? _____No _____Yes *(If yes, please complete information below)*

Carrier: _____ Policy #: _____

Carrier Address: _____

Carrier phone number: _____

Policyholder's name and SSN: _____

Please attach a copy of your medical insurance card

All information is kept confidential and is used for the sole purpose of providing a safe environment for the student participants at First Presbyterian Church of Aiken.

Student Name: _____

Permission and Release of Liability:

Every activity sponsored by this Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. The parent(s) or guardian(s) understand that they are signing for the minor listed on this form and the signature is for both medical and liability release *Please read the following carefully:*

As parent/guardian of the above named student:

> *I certify that s/he is physically fit to participate in all mission-trip activities, except as noted in this document, and has no communicable diseases apparent at this time. In the event that I cannot be reached in an emergency, I hereby grant permission to the adult sponsors and leaders to secure proper medical treatment for my child. I realize that, if necessary, the treatment may include an injection, anesthesia, or surgery. I agree to assume and accept all risks and hazards inherent in this type of church-related activities and agree not to hold this Church, its employees, or volunteer assistants liable for damages, losses or injuries to the person or property undersigned.*

_____ _____

Parent(s) or Legal Guardian(s) Signature Date

As a participant on a Mission Retreat, remember that you are representing Christ as well as First Presbyterian Church. On any trip sponsored by First Presbyterian Church-Aiken, drugs, alcohol, and/or any tobacco products will not be permitted. In the event that any student is found in possession or under the influence of any of the above, the student will be sent home at the expense of the parents—either by the parent coming to pick up the student or the expense for any other transportation.

> *I, the undersigned, agree to comply with all of the rules and policies stated by First Presbyterian Church and understand the penalties for any violation committed by the student. As the parent or legal guardian, I agree that I have all responsibility to pick-up my student or pay any transportation costs in the event that s/he is sent home*.

_____ _____

Student Signature Date

_____ _____

Parent(s) or Legal Guardian(s) Signature Date