

# Compelled Church 2017-2018 School Year Registration, Transportation & Medical Form

## Instructions:

Please complete a copy of this form for each minor participating in Compelled Church events during the 2017-2018 calendar year. The agreement and parental portions must be signed and dated. The consent portion of the form authorizes emergency medical treatment should this be necessary, and the medical information portion will save valuable time in the event of an emergency. Please complete the entire forms front and back.

## Registration Information:

Child's First and Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ School Grade \_\_\_\_\_

Known Allergies \_\_\_\_\_

Medications currently taking \_\_\_\_\_

Is Tetanus shot up to date Yes No

Are child's shots up to date Yes No

Child's First and Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ School Grade \_\_\_\_\_

Known Allergies \_\_\_\_\_

Medications currently taking \_\_\_\_\_

Is Tetanus shot up to date Yes No

Are child's shots up to date Yes No

Child's First and Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ School Grade \_\_\_\_\_

Known Allergies \_\_\_\_\_

Medications currently taking \_\_\_\_\_

Is Tetanus shot up to date Yes No

Are child's shots up to date Yes No

**PLEASE ADD ADDITIONAL CHILDREN AND INFORMATION ON BACK OF PAGE.**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ (cell, work, other)

**In absence of parent/guardian Compelled Church may contact:**

Name: \_\_\_\_\_

Phone : \_\_\_\_\_

Relationship: \_\_\_\_\_

## Family Insurance Information

Physician's Name and Phone: \_\_\_\_\_

Health Insurance Co. & Policy #: \_\_\_\_\_

Current or Chronic Conditions we should know about: \_\_\_\_\_

### Medical Release:

In the event of sickness, injury or some other medical emergency, I (we) request that my (our) child receive any medical attention or treatment deemed necessary. Therefore, I (we) the parent(s)/guardian(s) give permission to any hospital, doctor, health care provider and/or any Compelled Church Leader to transport, admit for care and provide treatment for my (our) child. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify the Michigan, Ohio Council of the Assemblies of God, the General Council of the Assemblies of God, the local sponsoring church, Compelled Church and all those individuals in their leadership, as well as all participating groups and persons associated with any event from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

### Waiver of Liability:

I (We), the parent(s)/guardian(s), understand that even after reasonable precautions have been taken, that many of the activities/events associated with Compelled Church carry with them innate hazards and dangers that could result in property damage or loss, personal injury or even death. Therefore, I (we) hereby release, forever discharge and agree to hold harmless the Michigan, Ohio Council of the Assemblies of God, the General Council of the Assemblies of God, the local sponsoring church, (Compelled Church), and all those individuals in their leadership, as well as all participating group(s) and/or person(s) associated with any event from any and all liability, claims or demands for any injury as well as property damage and expenses, of any nature whatsoever arising from any and all participation in any and all event(s).

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***By signing this form you agree to all the conditions set forth by Compelled Church and the Assemblies of God.***

### Transportation Consent Form

I (We) the parents(s)/guardian(s) give permission for my above named child(ren) to attend any Compelled Church Event and to ride in any vehicle designated by the adult whose care for the minor has been entrusted. In case of an accident, We (I) shall be liable for any and all cost and expenses for medical/dental treatment deemed necessary by a physician.

### Parental Consent:

I (We) give permission for my (our) child(ren) to participate in Compelled Church activities/events during the 2017-2018 calendar year.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Disciplinary Agreement:

Any serious infraction of the rules, willful disobedience or improper conduct can result in expulsion from an event. I (we) understand that should our child be expelled from an event for any reason or need to be brought home, that it is my (our) responsibility to either assume the costs for or provide for transportation home. I (we) also agree to forfeit any possible refund should my (our) child be expelled from an event.