

## FPCA Mission Retreat Registration & Medical/Liability Release Form

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

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

Email Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

### Health History

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

<input type="checkbox"/> Insect Allergies	<input type="checkbox"/> Drug Allergies	<input type="checkbox"/> Other Allergies
<input type="checkbox"/> Frequent colds	<input type="checkbox"/> Heart	<input type="checkbox"/> Asthma
<input type="checkbox"/> Physical Handicap	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Frequent Stomach Upsets	<input type="checkbox"/> Diabetes	

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

\_\_\_\_\_

\_\_\_\_\_

Participant 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 on a mission retreat.*

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 participants at First Presbyterian Church of Aiken.*