

FPCA Mission Retreat Registration & Medical/Liability Release Form

Participant Name: _____

Date of Birth: _____ Age: _____

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: _____

Date of last tetanus shot: _____

Swimming restrictions: ___ No ___ Yes, Explain _____

Activity restrictions: ___ No ___ Yes, Explain _____

The following forms from Volusia Interfaiths/Agencies Networking in Disaster will serve as a release of liability and permission for participation on the Intergenerational Mission Trip of First Presbyterian Church of Aiken.

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.