

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 12 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

North Carolina Conference of the United Methodist Church
700 Waterfield Ridge Place, Garner, North Carolina 27529
888-440-9167 or 919-779-6905

8 LIABILITY RELEASE FORM (ALL VOLUNTEERS, YOUTH AND ADULT)

Please read this agreement carefully before signing to fully understand your working relationship with The United Methodist Church North Carolina Conference Disaster Response. I freely acknowledge that:

1. I, the volunteer undersigned below, with the consent and agreement of my Guardian, undersigned below, have chosen to travel and perform clean-up/construction work to repair or replace homes.
2. I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other activity; including some that takes place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this work.
3. I understand that this is a "grass roots" activity to support individuals adversely affected by disaster or assisting to repair or replace substandard housing. I assume all risk and responsibility for any damage or injury to myself or my property and related medical costs and expenses which I may sustain while involved in this project. I understand that I am engaging this project at **my own risk**.
4. I understand that my supervising organization may arrange accommodations, and that I will adhere to the rules and regulations in effect for the accommodations at that time. However they are not responsible or liable for my personal effects and property nor do they offer such security. I hold them harmless in the event of theft or for loss resulting from any source or cause.
5. By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold The United Methodist Church North Carolina Conference, their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages caused by their negligence.

Print Volunteer Name:	Volunteer Signature:	Date:	DOB:
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Street Address:	City:	State:	ZIP:
<hr/>			
Emergency Contact:	Phone		
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Center Name	Arrival Date	Departure Date	
<hr/>			
Parent/Guardian:	(*Required for Youth Volunteers Only)	Phone	
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Team Leader / Witness Signature:	Phone		

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9 MEDICAL INFORMATION (*TEAM LEADER RETAIN THIS FORM ON JOBSITE FOR EMERGENCY*)

Always bring your insurance card with you, or a copy of both sides of your card.

Blood Type _____ Allergies: _____

I am diabetic: Y N I have a history of seizures: Y N

Health Insurance Provider _____ Policy # _____

I consider myself healthy enough to fulfill my responsibilities on the mission team. Yes ____ No ____.

Any Physical Limitations, concerns or other helpful health information?

I, the volunteer undersigned below, and/or my Guardian, undersigned below, authorize the Team Leader, undersigned below, to consent to any necessary examination, anesthetic, surgery, treatment and/or hospital care rendered under the general supervision and on the advice of any physician licensed to practice medicine by the state in which they practice, during the period identified below. I further authorize the release of my personal medical information for any medical care provided on my behalf:

Print Volunteer Name: Volunteer Signature: Date: DOB:

Street Address: City: State: ZIP:

Emergency Contact: Phone

Center Name Arrival Date Departure Date

Parent/Guardian: (*Required for Youth Volunteers Only) Phone

Team Leader / Witness Signature: Phone

****** Parent or Guardian's Authorization Signature MUST BE NOTARIZED here ******

On this _____ day of _____ Year _____

Before me personally appeared the Legal Guardian of the Youth Volunteer herein named above and executed this instrument, and who acknowledged the free act and deed thereof.

Notary Public

My commission expires

State of

County of