

Registration Form

Gender: Male or Female Grade (Fall of 2017) _____ Birth date ___/___/___

Name _____ Home Address _____
City _____ State _____ Zip _____

Parent/Guardian Name(s): _____

Home Phone: _____ Guardian Cell _____

Emergency Contact and # (other than above)

Primary Care Physician/Doctor & Number:

Insurance Carrier and Policy/ID:

Allergies/Food Intolerance to: (Please be specific and use back if needed)

Medications now taking (please use the back if needed):

Necessary medical history: (handicaps, surgeries, illnesses, recent health issues, etc. please use back if needed)

Permission and medical release: I/We, the undersigned, have legal custody of the participant named above, a minor, and have given our consent for him/her to attend this Multiply Inc.TM event. I/We understand there are inherent risks involved in any ministry or athletic event, and I/we hereby release Multiply Inc.TM, its pastors, employees, agents, volunteers, and leaders of any form from any and all liability of injury, loss or damage to persons or property that may occur during the course of my/our minors' involvement. In the event that he/she is injured and requires attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by the licensed physician as located closest to the event taking place. In the event treatment is required from a physician and/or hospital personnel designated by Multiply Inc.TM, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the camper named above. I/We also agree to bring my/our minor home at my/our own expense should they become ill or deemed necessary by the event coordinator.

Parent/guardian signature: _____ Date: _____