



Permission/Registration Form

Event: Acquire The Fire 2011

Student's Name _____ Birthdate: _____ Grade: _____
Address _____ City _____ Gender: _____
State _____ Zip _____ Phone (h) _____ (parent cell) _____

Mother's Name _____ Phone (h) _____ (w) _____
Father's Name _____ Phone (h) _____ (w) _____
Emergency Contact (other than parent) _____ Phone _____

_____ has my permission to attend the following
Name of Student
Acquire the Fire Feb 25-26, 2011 sponsored by Church on the Hill
Name of Activity Dates

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. I/We have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, 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 that 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 student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a student ministries staff member.

_____ *Date* _____
Parent/guardian signature:

Insurance Co. _____ Policy # _____
Group #: _____ Insurance Co. Phone #: _____
Physician _____ Office Phone _____

Please list any known allergies:

Please list any medications taken on a regular basis and what they're treating:
_____ for _____