

San Antonio Junior High Mission Project Youth Registration 2010

July 7-10, 2010

Please fill registration form out completely.

Form must be notarized on back.

Name	Email
Mailing Address	City/State/Zip
Home Telephone ()	Grade you will be in for the Fall of 2008
Sex	Birth date
Parent's Name	Parent's Occupation
Parent's Employer	
Church Contact Person	Contact Phone Number
Church Name	City/State/Zip

Friend or Relative to be contacted in case of emergency

Name	Telephone ()
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Hospitalization Insurance

Company	Policy Number
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T-Shirt (Please indicate size) ___S ___M ___L ___XL

Health History

___Asthma ___Fainting Spells ___Convulsions ___Diabetes ___Sports Restrictions ___Heart Trouble

___Allergy or reaction to medication; if yes, what? _____

___None of the above. ___Other, if yes, what? _____

___Will you be taking any Medication during camp? What? _____

___Do you have back or knee problems? If yes, explain. _____

___Do you have any medical problems that restrict your physical movement in any way?
If yes, explain. _____

Immunization: (Date of Inoculation)

Tetanus Toxoid _____

Measles _____

Diphtheria _____

German Measles _____

Polio _____

Mumps _____

Other Information

This will be my (circle one) 1 2 3 Junior High Mission Trip

Do you speak Spanish? ___No ___Yes If yes, how well? _____

San Antonio Junior High Mission Project 2010

Parent/Medical Release

By my signature, I, _____ the parent or legal guardian (if legal guardian a copy of current Letters of Guardianship are required to be attached to this form) of _____ grant my permission for him/her to participate fully in the San Antonio Junior High Mission Project. I understand that by my signature I contract and agree as follows:

1. I authorize any of the leaders to obtain any and all necessary medical and/or dental attention and/or treatment for my son or daughter, including surgical procedure if advised by attending physician.
2. I knowingly release, absolve, indemnify, and hold harmless all adult leaders and participating churches from all claims that might result from any injury and/or death of a minor. This agreement pertains to all programs and activities including those where transportation is provided.
3. Should medical help be needed, I agree to pay either directly and/or through my own personal health and accident policy all medical or hospital costs.
4. I authorize publication or broadcast of my minor's image in any press release and or media publication arising out of any activity associated with this junior high mission experience.

I have listed below, under my signature, any and all special medical problems concerning my son or daughter and I state that I have been given the opportunity to discuss these problems with one or more of the adult leaders accompanying my child.

Signature

Date

County of _____
State of _____

Before me, the undersigned authority, in this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this ____ day of _____, _____.

Notary Public, State of _____

This form must be notarized! Please attach a photocopy of your insurance card to this form.