



Participant's Information

Today's Date: _____

Name: _____ Grade: _____ Birthdate: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Participant's Cell Phone: _____

Parent(s) or Legal Guardian(s) Information

Name: _____

Name: _____

Related How?: _____

Related How?: _____

Email: _____

Email: _____

Phone (work): _____

Phone (work): _____

Phone (cell): _____

Phone (cell): _____

Emergency Contact: _____

Emergency Contact Phone _____

Participant's Medical Information

Does the participant have any allergies (food, medications, bugs, etc.) ___ No ___ Yes If yes, please list:

Does the participant have any challenges (physical or otherwise) which would greatly hinder them from entering into full program activities? ___ No ___ Yes If yes, please explain: _____

Is the participant taking any medication? ___ No ___ Yes If yes, please list _____

Has the participant had a recent tetanus shot? No ___ Yes ___ If Yes, give date _____

Can the participant swim? ___ No ___ Yes If yes, please check either ___ beginner or ___ advanced

Are there any other medical concerns or special attention needed while the participant is in the care of our ministry? ___ No ___ Yes If yes, please explain: _____

Health Insurance Information

Family Physician: _____ Phone: (_____) _____

Insurance Carrier: _____ Policy #: _____

Policy issued under the name of: _____ Group #: _____

Fill out both sides of this form completely.
Notarized parents/guardian signature is needed on reverse side.



My name (parent or legal guardian of participant) is _____ and by this instrument I do hereby release, acquit, hold harmless and forever discharge NORTH RIVER CHURCH, its agents, servants, employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by (participant's name) _____ while participating in any ministry activity or activities (including travel to and from such activities) resulting from the negligence or lack of care due to, or claimed to be due to, the conduct of any agent, servant or employee of NORTH RIVER CHURCH for any and all activities.

I/we understand that my/our child's likeness may be photographed or videotaped by NORTH RIVER CHURCH in the course of church and youth activities. I hereby give consent for the church to use my child's photos or likeness in promotional materials both in print form, electronic form and on the internet.

I understand that I will be contacted in case of medical emergency, as will the emergency contact listed on the reverse side. In the event no one can be reached, I authorize the calling of a doctor or emergency services. I hereby allow members of North River church staff or ministry leadership to temporarily act in my place and consent to any care recommended by a medical response team. I understand that North River church will act in the best interest of my child, and the church will not be responsible for medical expenses incurred solely on the basis of this authorization. I understand that if my child needs to be sent home for any reason (illness, injury, or disciplinary) I will be contacted at one of the phone numbers listed on the reverse side and I will be responsible for any and all expenses incurred.

I hereby affirm that all information on both sides of this form is true and correct to the best of my knowledge. (please sign below **in the presence of a Notary**)

Signature of Parent or Legal Guardian _____

Printed Name of Parent or Legal Guardian _____

Relationship to Participant _____

Today's Date: _____

Notary Public Information

Sworn to and subscribed before me this _____ day of _____, 20____

(Signature of Notary Public - State of Florida)

In the County of

Please print, type or stamp Commissioned Name of Notary Public

Please check one:

Personally Known

Produced Identification

Type of Identification: _____

Fill out both sides of this form completely.
Medical information on other side is required.