

COVE 2018: June 16th – 20th

Please return this form to:

First Baptist Church 229 Westfield St. PO Box 1800 Silverton, OR 97381
Phone: 503-873-6181 Fax: 503-873-7100

STUDENT/PARTICIPANT REGISTRATION INFORMATION

(Please Print)

PARTICIPANT'S FULL NAME _____ ADDRESS _____

CITY / STATE / ZIP _____ AGE _____ DATE OF BIRTH _____ GRADE IN FALL 2018 _____

GENDER _____ T-SHIRT SIZE (S-XXXL) _____ STUDENT WAS INVITED BY _____

MEDICATIONS AND DOSAGE _____

ALLERGIES _____

PARTICIPANT'S PHONE # _____ EMAIL _____

In case of injury or need of assistance, the best available emergency contact person is:

NAME(S) _____ RELATIONSHIP TO STUDENT _____

PHONE #'s _____

PARTICIPANT'S MEDICAL INSURANCE COVERAGE:

COMPANY _____ POLICY # _____ GROUP # _____

PARENT/GUARDIAN AGREEMENT:

I, the undersigned parent/guardian, grant permission for _____ to participate in the First Baptist Church event, COVE 2018. I have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in these activities. I understand that this activity, as in any activity for youth, does present the risk of injury, or even death, to the participant, rare as this may be, and we have advised the participant of those possibilities, I represent to you that we and the participant assume the risk of any such injury or death, and hold First Baptist Church, its employees, and/or event leaders harmless from any liability to any other person or entity arising as a result of the conduct of the participant in this activity and agree to defend and indemnify First Baptist Church, its employees, and/or event leaders against any claim or liability arising as a result of such contact.

I understand that attempts will be made to contact me in the event of an emergency. I authorize First Baptist Church, its employees, and/or event leaders to arrange for such medical and hospital treatment as they may deem advisable for the health and well-being of the above stated participant.

I further authorize First Baptist Church to use photos or video taken of the above stated participant for promotion and advertising including print media and websites.

Parent/Guardian name (print) _____ Parent/Guardian signature _____ Date _____

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION:

Participant's name: _____ Date of Birth _____

I authorize any medical facility, urgent care facility, or health care professional from which I receive care between the dates of June 16th – 20th to release health information to First Baptist Church, its employees, and/or event leaders. This authorization is for information which pertains to any condition which develops or occurs between these dates and may be contained in medical or mental health (other than psychotherapy notes) records. It includes (but is not limited to): Admissions, or Discharge Summaries, Pathology Reports, EKG Results, Progress Notes, Laboratory Reports, Dental Records, Operative Reports, Radiology and other Diagnostic Images and Reports, Emergency Medical Reports, History and Physical Exams, Consultations/Evaluations and Out Patient Clinic Records. This release expires on June 21st at 12:01 AM unless revoked in writing sooner.

Notice: Many organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. This authorization allows those "covered entities" to release your health information to First Baptist Church, its employees, and/or event leaders, who may not be legally required to keep your health information confidential, in which case it will no longer be protected by state or federal confidentiality laws.

My Rights: I understand I may revoke this authorization at any time, provided that I do so in writing and submit it to First Baptist Church, ATTN: Brian Harding 229 Westfield St. PO Box 1800 Silverton, OR 97381. The revocation will take effect when First Baptist Church receives it, except to the extent that First Baptist Church or others have already relied on it. I understand that I am entitled to receive a copy of this authorization from First Baptist Church upon written request.

Patient/Participant name (print) _____ Patient/Participant signature _____ Date _____

Parent/Guardian name (print) _____ Parent/Guardian signature _____ Date _____

PARTICIPANT CONDUCT AGREEMENT:

I understand that while attending name of COVE 2018: June 16th – 20th, I am under the direction and authority of those leaders in charge. This event will be run within the standards set by First Baptist Church and its leaders. I understand that the above-named event will have a spiritual emphasis. I understand that I am expected to be with the group at all times. I also understand that the use of alcoholic beverages, illegal drugs, tobacco, personal music electronics, cell phones, fireworks, foul language, and abusive or lewd behavior are prohibited. Any variance in these rules and/or regulations may result in immediate expulsion; my parents, guardians or emergency contact person will be contacted to pick me up. I have read this entire release form, have discussed with my parent/guardians and agree to its contents.

Student/Participant name (print) _____ Student/Participant's signature _____ Date _____

If in the case of the above-stated participant being expelled from the event, I, the parent/guardian agree to immediately pick up the above stated participant from COVE 2018, regardless of location or inconvenience; or provide other means to remove the participant from COVE 2018.

Parent/Guardian name (print) _____ Parent/Guardian signature _____ Date _____