

INDIVIDUAL REGISTRATION FORM:CARDBOARD CITY

Name: _____ Age: _____ Grade: _____

Address: _____

Date Of Birth: ____/____/____ Telephone #: (____) ____ - ____

E-Mail: _____

Group affiliation _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

RELATION TO YOU _____

I give permission for my son/daughter to attend the Family Promise of Collin County **Cardboard City** held on the grounds of Creekwook United Methodist Church from November 7 to November 8, 2009. I hereby waive and release any and all claims for damages that I may have against Family Promise of Collin County and all of its agents, employees, and servants for any and all injuries that may occur while taking part in this program. I also understand that if my child becomes ill or destructive, either the parent/guardian or an emergency contact will be called.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: ____/____/____

Participant Signature: _____ Date: ____/____/____

Email: _____

Photography Waiver: I understand that my child's photograph may be taken during the course of this event. By initialing below I provide consent for his/her picture to be used in either print or electronic form for the promotional purpose of Family Promise of Collin County.

Initials of Parent/Guardian: _____

Medical Information: All medical/emergency information is collected on a separate form which must be submitted before your child participates in this event.

Parent/Guardian signature:

{As an adult (age over 18) participant/chaperone with the _____(name of church), I verify that I have appropriate background checks completed through said church.

_____ }

Adult signature

MEDICAL RELEASE

Name: _____ group: _____

Address: _____
Street City State Zip

Phone: () Cell: ()

Emergency contact: _____ Phone #'s: _____

I grant permission for the administration of First Aid to my child,

_____,
by the people in charge of the Family Promise of Collin County Cardboard City event, and those transporting my child to and from the event as well as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

Print Name: _____ Birth Date: _____
(youth) (youth)

Allergies: medication/other? NO _____ YES _____

If yes, please describe:

Insurance Information

Policy in the name of:

Insurance Company:

Policy Number/ID:

Physician: _____ Phone: _____

_____ Date: _____

Signature of Parent/Guardian
