



## **STUDENT REGISTRATION/RELEASE & MEDICAL WAIVER**

Church Group: First Baptist Church Memphis, Texas Group Leader's Name: Daniel Downey  
Name of Camper: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Grade just finished: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: Memphis State: Texas Zip: 79245  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Please supply all of the following information. Do not leave any spaces blank.**

1. List any or all medications that the child takes on a regular basis that he/she is bringing Panfork. \_\_\_\_\_

2. Date of last tetanus immunization: \_\_\_\_\_

3. Please list below any Physical Limitations (Asthma, Diabetes, Allergies, etc.), and/or Special Instructions (Allergic to certain medications, food allergies, rare blood type, wears contacts, etc.). Attach an additional page if necessary.

4. The above named child has current medical insurance coverage through:

Insurance Company: \_\_\_\_\_

Name on Insurance Policy: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

My child, \_\_\_\_\_ will be attending Panfork Baptist Encampment. In the event that that my child should need emergency medical care or attention, Panfork Baptist Encampment or any one of its agents or employees is hereby authorized to provide such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a physician, nurse, or other health care professional.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my child's insurance shall be my responsibility. I understand that Panfork Baptist Encampment will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation and observing of such recreational activity.

Furthermore, in consideration of my child being allowed to attend Panfork Baptist Encampment, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless Panfork Baptist Encampment, its agents or employees, against any all causes of action, rights, claims or suits which I or my child may have against Panfork Baptist Encampment, its agents or employees as a result of injury to my child, including, but not limited to: (1) Injuries arising from my child's participation in or observation of recreational activities at Panfork Baptist Encampment, and (2) Injuries arising from the decision of Panfork Baptist Encampment or its agents or employees to consent to the provision of emergency medical care to me.

I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to Panfork Baptist Encampment, its employees and its agents to inspect my child's belongings while at Panfork Baptist Encampment.

Signature: \_\_\_\_\_ Relationship to Child: Parent/Guardian Date: 6/22/2019

I am agreeing to participate in the activities planned for this camp and endeavor to make this the best week of my life. I promise to conduct myself in a Christ-like manner, and I have read, understand and agree to adhere to the "Panfork Policies and Procedures".

Student Signature: \_\_\_\_\_ Date: 6/22/2019

Student Name: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Church Name: \_\_\_\_\_

First Baptist Church Memphis,, Texas