

KIDZ BLAZT REGISTRATION

February 24-25, 2012

[For church record purposes—do NOT mail to Discipleship Ministries in Waupaca.]

Student Information:

Full Name: _____ Nickname: _____
Address: _____ Home Phone: _____
City/State/ZIP: _____ Birthday: _____
School Name: _____ School Grade: _____
Home Church: _____
Parent(s): _____ Lives with? Both Parents Mother Father
Daytime/Work Phone: _____ Sex: M F

T-Shirt Size: Yth Med Yth Lg Adult Sm Adult Med Adult Lg Adult XL Adult 2XL Adult 3XL

Medical Information:

Physician's Name & Phone: _____
Health Insurance Co. & Policy: _____
Known Allergies: _____
Current or Chronic Conditions: _____
Medications Now Taking: _____
Are immunizations current? Yes No Is Tetanus current? Yes No Blood Type: _____
Is there anything that prevents or restricts student's participation? Yes No If yes, explain: _____

IN CASE OF EMERGENCY, IF PARENT IS NOT AVAILABLE, PLEASE CONTACT:

Name: _____ Relationship to Student: _____
Address: _____ Phone: _____

Medical/Liability & Model Release—Valid Through February 26, 2012:

In the event of sickness, injury or some medical emergency, I/we request that my/our child receive any medical attention or treatment deemed necessary. Therefore, I/we the parent(s)/guardian(s) give permission to any hospital, doctor, and/or health care provider to transport, treat, and/or admit for care my/our child. In the event that I am/we are not present at the time of the emergency, my/our child's care has been entrusted to the staff and designated ministry leadership of

_____ of _____,
NAME OF CHURCH CITY/STATE

while attending KidZ BlaZt 2012.

I/we also release _____, its agents, assigns, staff, employees as well as
NAME OF CHURCH

volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness or death which may be sustained by my/our child as the result of any participation in KidZ BlaZt 2012 or related functions or activities.

I/we also grant permission for my/our child to be filmed, videotaped, audiotaped or photographed by any means and grant permission for full use of their likeness, voice and words without compensation.

Signature of Parent(s)/Guardian(s): _____ Date: _____

Signature of Witness: _____ Date: _____

WITNESSES MUST BE 18 YEARS OF AGE; MAY NOT BE A FAMILY MEMBER.