

October MISSION HOUSTON EGP REGISTRATION FORM



This form is for (circle one) child, teen or adult. Please include at least the deposit at time of registering.

Church / Group Name: _____

Name: _____ Personal cell #: _____

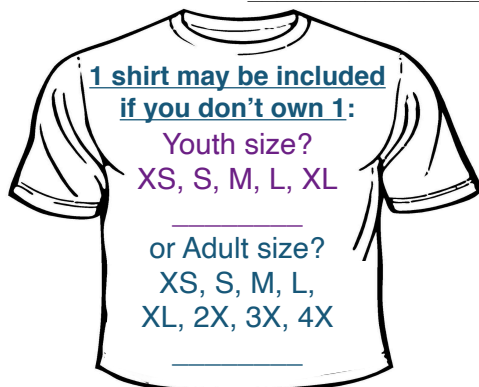
Address: _____ Personal email: _____

City: _____ State: _____ Zip: _____ Gender: male or female

Age: _____ B-date: _____ Grade entering: _____ Fav. social media outlets: _____

Parent's names & cell #'s: _____

Parent's emails: _____



REQUESTED ROOMMATES: (may get 1 of the 4)

1st choice: Name: _____	2nd choice: Name: _____
3rd choice: Name: _____	4th choice: Name: _____

***** PARENTAL CONSENT TO EMERGENCY NEEDS AND RELEASE OF LIABILITY *****

Form must be signed by legal guardian for youth (18 and younger) and adults (18 or older) sign their own.

A. I do hereby give my authorization and consent to any emergency medical or surgical treatment that may be needed while he/she/myself participates in the Encounter God's Presence event, including transportation to and from the event. This consent authorizes physicians, technicians, assistants, nurses, and other qualified medical or hospital personnel to render any treatment they deem necessary arising from any emergency that may occur during any activity herein stated above, including anesthesia. I give my consent to allow EGP, it's staff & helpers, the churches my child/self is with and/or it's helpers to administer medication as they deem necessary for headache, stomach problems, or other minor medical issues that may arise during the event.

B. I give my permission for my child/myself to participate in activities. I assume all risk of loss, damage, and liability my child/myself or personal belongings may sustain or incur while participating on this event. I shall hold harmless EGP & it's helpers, & it's staff, and the church and/or it's member institutions, it's affiliate churches and their employees, representatives, and volunteers for any damages whatsoever in the event of injury, illness, or death of said child by any cause whatsoever, including negligence by the event, it's directors, and workers there with of any such liability, and I agree to pay any such damages.

C. I recognize that this is a Christian event, that the Bible will be studied, and that event conduct will be expected to be consistent with Christian values and our guidelines. I consent that any photos/videos taken by people or drones at event may be used for promotional use. I give leadership permission to search backpacks and belongings if necessary. I understand anything illegal will be handled by the local authorities.

I also agree to take myself/my child home at my own expense should they become ill or if deemed necessary by the leadership, not only for medical reasons but for disciplinary reasons as well.

Signature of Parent/Guardian / Adult worker (18 or older)

Printed name

Date





Medical Information Please check Yes or No for each question.

If yes is checked, please give approximate dates of occurrences and indicate whether mild or severe.

Medical Conditions

Yes No

- Does this camper have asthma? _____

- Has this camper ever had convulsions? _____

- Does this camper have diabetes? _____

- Does this camper have a heart defect? _____

- Does this camper have any other medical conditions or diseases?

Medications

Yes No

- Does this camper take any prescription medications?
If yes, please list: (see medication policy) _____

- What is the reason for taking the above medication? _____

- Is this camper allergic to any medications?
If yes, please list: _____

Allergies

Yes No

- Is this camper allergic to peanuts?
- Is this camper allergic to red dye?
- Is this camper lactose intolerant?
- Does this camper have allergies? (food, animals, insects, etc.)

Limitations

Yes No

- Does this camper have physical limitations? _____

- Has this camper had psychiatric treatment? _____

- Does this camper have mental limitations? _____

Other Details

Yes No

- Are immunizations current for this camper?
- Does this camper have any difficulty with bed wetting?
- Is there any additional information regarding this camper that you feel
might be helpful? _____

Emergency Information

Medical Insurance

Name of Family Physician _____

Phone () _____

Do you carry family medical/hospital insurance? Yes No

Carrier Name _____

Phone () _____

Group Policy Number _____

Name of Policy Holder _____

Estimated date of last Tetanus shot: _____

In case of Emergency # : _____ **Emergency Name :** _____

2nd Emergency # : _____ **Emergency Name :** _____

Signature of Parent/Guardian / Adult worker (18 or older)

Printed name

Date

