



EastSwamp
Student Ministry

STUDENT REGISTRATION and INSURANCE FORM

PARENTS: PLEASE COMPLETE NEATLY AND RETURN

Date of Registration _____

Student Name _____

Address _____

City, State, Zip _____

Home Phone _____

Parent Cell Phone _____

Date of Birth _____ Male / Female (circle)

Parent Email _____

Parent or Legal Guardian _____

Church Affiliation _____

Allergies _____

May we administer Tylenol/Advil to your child? Yes No

HEALTH INSURANCE

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of injury while your son or daughter is on a church-related activity.

Do you have health insurance? Yes No

IF "Yes"

Policy Name _____

Name of Policy Holder _____

I D Number _____

Group Number _____

(OVER) →

MEDICAL RELEASE

"In the event that I cannot be reached in an emergency, I hereby give my permission to East Swamp Church to secure proper medical treatment for my son or daughter _____ as deemed necessary. This may include, but not be limited to, any or all of the following: emergency room treatment, physician or dental care, hospitalization, anesthesia/surgery."

LIABILITY RELEASE

Every activity sponsored by East Swamp Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risk and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

PARENT / LEGAL GUARDIAN'S SIGNATURE _____

EMERGENCY CONTACT

Name _____ Relationship to student _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

BLANKET PERMISSION SLIP

Occasionally there are activities provided for the participants in the student ministry program that are held off the campus of East Swamp Church. In order for your child to participate in an activity not held on church grounds, your permission is needed.

By signing below you will be giving your consent for your child to attend activities held off our campus. If you have any questions, please feel free to call the church office at 215.536.4532.

I hereby give my child _____ permission to attend activities that are held off the campus of East Swamp Church.

PARENT / LEGAL GUARDIAN'S SIGNATURE _____