

HURRICANE  
RELIEF



# Cross-Generational Summer Mission Experience \* June 30-July 6, 2019

## Registration Form

Medical/Video&Photo/Transportation Release

**Note: Contact the church office by MARCH 20 to initially sign-up! Completed form and 1/2 deposit is due April 28.**

Participant's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: M  F  Grade (if student): \_\_\_\_\_

T-Shirt Size: S M L XL XXL (adult sizes only) Phone #(s): \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

### REGISTRATION INFORMATION

Contact the Church Office by March 20 to initially sign-up. After that date, you may be placed on a list as an alternate in the event someone is unable to go. Mission dates are June 30-July 6, 2019. Cost is \$100 per person. Deposit of \$50 (non-refundable) is due by Sunday, April 28 unless you have worked out payment plan with Mrs. Vickie Ward in church office. Your remaining balance is due by Sunday, May 26. Make checks payable to First Baptist Church with "2019CGMission / name of participant" in memo line.

### PARENT/GUARDIAN PERMISSION (required if under 18 years old)

As custodial parent/guardian, I give my consent for \_\_\_\_\_ to attend the Cross-Generational Summer Mission Trip to Whiteville, NC and be transported by church bus and personal vehicles.

\_\_\_\_\_  
*Signature of custodial parent* *Printed name* *Date*

### VIDEO & PHOTOGRAPHY RELEASE

During the Whiteville Mission Trip both video and photography will be used to enhance worship services upon returning home and provide event publicity in the future. By signing, I understand that I give my permission to use any video & photo of participates for the explicit purposes specified above.

\_\_\_\_\_  
*I have read and understand this policy (participant).* *(If participant is under age 18 - parent's sign here)*  
*I have read and understand this policy.*

### MEDICAL INFORMATION & RELEASE

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Accident/Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Immunizations:     Tetanus     Flu     Polio Booster     Measles     Mumps  
Childhood Diseases:     chickenpox     measles     whooping cough     other \_\_\_\_\_

Allergies: type, description of symptoms, etc.: \_\_\_\_\_

Previous operations/serious illnesses: \_\_\_\_\_

Is participant currently on any medication, or have special dietary restrictions: \_\_\_\_\_

### PERMISSION FOR TREATMENT

In case of medical emergency, I give my permission for the FBCH leaders and chaperones to secure necessary medical treatment in case of sickness or injury for: \_\_\_\_\_.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release, remiss and forever discharge all sponsors and First Baptist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the "2019 Cross-Generational Summer Mission Trip" church event.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 2019. \_\_\_\_\_  
*Signature of Adult Participant (or) Parent/Guardian of Youth*