



Information Sheet & Release Form for Sept. 2006-Aug. 2007

PERSONAL INFORMATION

(PLEASE PRINT)

Name _____

Parent Name (s) _____

Address _____

Parent Email Address _____

City _____ State _____ Zip _____

Student Email Address _____

Birthdate _____ Age _____ Sex _____ Grade _____

Is this your first trip with FPC Student Ministries?
Yes No

School _____

T-Shirt Size (circle one) S M L XL XXL

Telephone _____ Fax # _____

Are you a member of First Presbyterian Church?
Yes No

Parent Alternate Phone (work/cell) _____

How or from whom did you hear about the trip/retreat? _____

MEDICAL INFORMATION

Date of last Tetanus Shot (must be within last 10 years) _____

Check the appropriate blank if you have ever had any of the following apply to you.

Allergies (including drugs)

Dizziness or Fainting

High Blood Pressure

Physical Disability

Asthma

Epilepsy

Surgery in Last Year

Bee/Wasp Reaction

Hay Fever

Penicillin Allergy

Respiratory Problems

Diabetes

Heart Trouble

Other

Regular Medication. Please list below:

INSURANCE INFORMATION

Form will NOT be processed without insurance information. If you do not have insurance, please call FPC Student Ministries Office (918) 584-4701.

Insurance Company _____

Policy Number _____

Policy Holder _____

ALTERNATE EMERGENCY CONTACT:

Name _____ Address _____

Phone _____ Alternate Phone _____

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THE TRIP SPONSORED BY FIRST PRESBYTERIAN CHURCH DESCRIBED HERIEN AND IN CONSIDERATION OF THE BENEFITS TO BE DERIVED THERE FROM, I HEREBY RELEASE FIRST PRESBYTERIAN CHURCH AND ITS PRESENT AND FORMER ELDERS, TRUSTEES, OFFICERS, DIRECTORS, ASSOCIATE DIRECTORS, LEADERS, EMPLOYEES AND THEIR HIERS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS FROM ALL CLAIMS AND LIABILITIES OF ANY KIND, WHETHER KNOWN OR UNKNOWN, WHICH ARISE FROM OR ARE CONNECTED IN ANY WAY WITH MY PARTICIPATION OR THE PARTICIPATION OF ANY MEMBER OF MY FAMILY, INCLUDING MY SPOUSE OR MINOR, IN THE TRIP.

I RECOGNIZE THAT THE CONDITIONS IN SOME OF THE PLACES TO WHICH MY SPOUSE, MY CHILD, OR I WILL TRAVEL ARE NOT OF THE SAME STANDARD AS THE CONDITIONS TO WHICH I AM ACCUSTOMED. I REALIZE FURTHER THAT THERE ARE CERTAIN HEALTH RISKS AS WELL AS OTHER RISKS TO PERSONNEL AND PROPERTY, AND I ENTER INTO PARTICIPATION IN THE TRIP AND AGREE TO THE PARTICIPATION OF MY SPOUSE OR MINOR CHILD WITH KNOWLEDGE OF THOSE RISKS. IF FOR ANY REASON MY SPOUSE OR CHILD IS UNABLE TO COMPLETE THE PLANNED STAY OR PROJECT, I ASSUME FULL RESPONSIBILITY FOR EXPENSES INCURRED FOR ME, MY SPOUSE, OR MY CHILD, OR CHILDREN'S RETURN HOME.

IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE A LEADER OF THIS ACTIVITY, AS AN AGENT FOR ME AND MY SPOUSE OR MY CHILD TO CONSENT TO: ANY X-RAY EXAMINATION; MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS; TREATMENTS; HOSPITALS CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON OR DENTIST (AS APPROPRIATE) LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE OR COUNTRY WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN A HOSPITAL. I EXPECT MY FAMILY TO BE CONTACTED AS SOON AS POSSIBLE.

I CERTIFY THAT I AM LAWFUL AGE AND COMPETENT TO SIGN THIS RELEASE, AND HAVE DONE SO VOLUNTARILY.

I UNDERSTAND THAT THIS DOCUMENT CONSTITUTES A FULL AND COMPLETE WAIVER OF ALL POSSIBLE CLAIMS FOR ANY ACT OR OMISSION, INCLUDING CLAIMS FOR NEGLIGENCE REGARDING INJURY OR PROPERTY DAMAGES, ARISING OUT OF MY OR ANY CHILD OF MINE'S PARTICIPATION IN THE TRIP.

I UNDERSTAND THAT THIS RELEASE APPLIES TO, COVERS, AND INCLUDES UNKNOWN, UNFORESEEN, UNANTICIPATED, AND UNSUSPECTED DAMAGES, LOSSES, OR LIABILITIES AND THE CONSEQUENCES THEREOF, WHICH RESULT FROM THE MATTERS HEREINBEFORE REFERRED TO AS WELL AS THOSE NOW DISCLOSED AND KNOWN TO EXIST. THE PROVISIONS OF ANY STATE, FEDERAL, LOCAL, TERRITORIAL LAW OR STATUTE PROVIDING IN SUBSTANCE THAT RELEASES SHALL NOT EXTEND TO CLAIMS OR DAMAGES WHICH ARE UNKNOWN OR UNSUSPECTED TO EXIST AT THE TIME ARE HEREBY EXPRESSLY WAIVED BY ME.

PARENT/GUARDIAN RELEASE

As the parent/legal guardian of the above named minor, I give my permission to him/her to participate in the First Presbyterian Youth Ministries mission trip. I certify the provided information is correct and I HAVE READ THE LIABILITY WAIVER AND RELEASE. In an emergency I give my permission to the First Presbyterian Church Youth Staff to act on my behalf regarding my child named above. I understand that every reasonable effort will be made to contact me before these actions are taken.

Signature _____ Date _____

Relationship to Participant _____

STUDENT CODE OF BEHAVIOR

1. I will notify an adult leader in the event I temporarily leave the group for any reason.
2. I will participate in all group activities that I am physically able.
3. No sexual activity; or any sexual material or paraphernalia.
4. I understand the need for separated sleeping arrangements and will honor this.
5. I understand that I am not allowed to POSSESS or USE any type of weapons, tobacco, alcohol, or any other type of drugs, as well as fireworks.
6. I will respect the authority of the Adult Leaders and follow their instructions.
7. I will comply with the FPC Student Ministry policy on media and electronic use.

I/We have reviewed the above rules contained within the *Student Code of Behavior* and agree to abide by them. I/We also acknowledge that if the subject of this release has to return home early for violation of any of the above rules it will be at my/our expense.

Parent/Guardian Signature _____

Student Signature _____

Date _____