

# Hope Student Ministries 2017-2018 Annual Registration Form

8300 Hyde Ave. S., Cottage Grove, MN 55016 • (651) 459-6242 • www.got-hope.org  
If any information on this form changes during the year, please notify the Community Church office (651-459-6242)

## STUDENT DATA

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Fall '17 Grade in School \_\_\_\_\_  
Last First MI  
Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Student Cell # \_\_\_\_\_  
Student email \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name \_\_\_\_\_ Parent/Guardian #2 Name \_\_\_\_\_  
Address, City, State, Zip (if different from above) \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_  
Parent/Guardian #1 email \_\_\_\_\_ Parent/Guardian #2 email \_\_\_\_\_

## ALTERNATE EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

## HEALTH CARE INFORMATION (If you do not have health insurance, please write in "no insurance")

Name of insurance \_\_\_\_\_ Policy Number \_\_\_\_\_  
Name of insured \_\_\_\_\_ Group Number \_\_\_\_\_  
Student's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Dentist/Orthodontist \_\_\_\_\_ Phone Number \_\_\_\_\_

## STUDENT MEDICAL INFORMATION

### Allergies

\_\_\_\_\_ Hay Fever \_\_\_\_\_ Penicillin \_\_\_\_\_ Ivy poisoning, etc. \_\_\_\_\_ Insect stings  
\_\_\_\_\_ Other (please specify): \_\_\_\_\_

### Health History (give approximate dates – MM/YY)

\_\_\_\_\_ Frequent Ear Infections \_\_\_\_\_ Diabetes \_\_\_\_\_ Bleeding Disorder \_\_\_\_\_ Heart Defect/Disease  
\_\_\_\_\_ Asthma \_\_\_\_\_ Mononucleosis \_\_\_\_\_ Seizures \_\_\_\_\_ ADD/ADHD  
\_\_\_\_\_ Downs Syndrome \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Tourette's Syndrome  
\_\_\_\_\_ Measles  
\_\_\_\_\_ Other (please specify): \_\_\_\_\_

Dietary restrictions (please specify): \_\_\_\_\_

List any chronic/recurring illnesses: \_\_\_\_\_

Other pertinent medical information/history you believe to be important for us to know about your student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICATIONS (List all prescriptions, over-the-counter, and herbal as applicable)

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Blood type (if known): \_\_\_\_\_ Are all immunizations current? (e.g., MMR, tetanus) Yes / No

(Over, please.)

## Hope Student Ministries 2017-2018 Waiver/Release From Liability

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**Effective September 1, 2017 through August 31st, 2018**

### ACKNOWLEDGEMENT

I (We) acknowledge that my child's participation in Hope Community Church's student ministry is voluntary and may include involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to, the following: cook-outs, boating, swimming, basketball, roller skating, rollerblading, games in the gym or park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, retreats overnight(s), service projects, excursions, and meetings. I (We) acknowledge that some youth ministry activities carry with them the possibility of unforeseen accidents, health hazards, and medical emergencies that may result in property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in Hope student ministry activities, I (we) agree to the following:

- \_\_\_\_\_ (initial) Hope is not responsible for the loss or theft of personal belongings.
- \_\_\_\_\_ (initial) Student misconduct at a Hope student ministry activity may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.
- \_\_\_\_\_ (initial) I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications, and Hope's internet websites.
- \_\_\_\_\_ (initial) I understand that if I desire to limit my child's participation in any Hope student ministry activity, I will submit my wishes in writing to Hope prior to that event.

### WAIVER / RELEASE FROM LIABILITY

- \_\_\_\_\_ (initial) I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns:
- A) I waive, release, and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Hope's student ministry activities, the following persons or entities: Hope Community Church, its Lead Pastor, Associate Pastors, Elders, employees, volunteers, members, representatives, subcontractors and agents of any of the above; B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released, or discharged herein; C) In the event of gross negligence on the part of Hope, Hope staff or volunteers, I agree to settle any dispute by means of Christian arbitration; D) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in all Trinity student ministry activities.
- \_\_\_\_\_ (initial) The undersigned, \_\_\_\_\_ (parent/guardian), the parent and natural guardian or legal guardian of \_\_\_\_\_ (student's name), hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

### MEDICAL AUTHORIZATION & RELEASE

- \_\_\_\_\_ (initial) I hereby authorize any licensed physician, emergency medical technician, hospital, or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for any behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Hope representatives to provide the needed emergency treatment to the student prior to the student's admission to a medical facility.

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Student's Name: \_\_\_\_\_

As Parent/Guardian of the above named student, I understand, acknowledge, agree to, and authorize all provisions stated above on this page \_\_\_\_\_ (Parent/Guardian signature).

Date: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

(Over, please.)