

Hope Student Ministries 2018-2019 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 '18 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: _____

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

(Over, please.)

Hope Student Ministries 2018-2019 Waiver/Release From Liability

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Effective September 1, 2018 through August 31st, 2019

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.

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.)