

Registration Form for the Georgia Missions Project 2012

Please print on both sides!

Student

Last name: _____ First: _____ Age: _____ Male/ Female

Address _____ City _____ State _____ Zip Code _____

Date of birth ____/____/____ Grade this coming year ____ Parents/Guardian: _____

Home phone (____) _____ Work phone (____) _____

Health Form

In case of Emergency: Other persons to notify if parents cannot be reached:

Name _____ Relation _____ Phone: _____

Name _____ Relation _____ Phone: _____

Past Illnesses: (please circle any that the child has had)

Diphtheria Whooping Cough Scarlet Fever Chicken Pox Mumps

Polio Rheumatic Fever Tuberculosis Other: _____

Existing Diseases or Conditions: (please circle and explain current condition)

Sinus Asthma Heart Kidney Epilepsy Diabetes

Current Condition/Treatment: _____

Does the child have any significant history of the following: (please circle)

Nose bleeds Headaches Sleep walking Fainting Sore Throat

Diarrhea/ Constipation Frequent colds Other: _____

Allergies: (please circle and specify)

Penicillin Bee/wasp stings (specify treatment) _____

Foods: _____

Other: _____

Immunization Record:

(Record last date of injection). Tetanus _____ Polio _____

Diphtheria _____ Whooping cough _____

Insurance Information: (please complete fully)

Company _____ Name of holder _____

Policy # _____ Group # _____

ALL MEDICINE MUST BE IN ITS ORIGINAL CONTAINER-CLEARLY MARKED WITH THE CHILD'S NAME AND DOSAGE.

In case of emergency: I give permission for my child to be given over-the-counter medicine(s) for minor ailments. I also give permission for my child to be transported to, and treated at a medical facility in the event of an emergency.

(Signature of parent or guardian)

(Date)

(OVER PLEASE)

Consent and Release Form

I, the undersigned parent or guardian, hereby consent to my child participating in the "Georgia Missions Project" on June 3-9, 2012. This includes the transportation of my child to and from certain excursions that he/she will participate in. I certify that my child is able to participate in all activities (except _____). I will assume full responsibility if my child should need to be transported home, including for disciplinary reasons. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them on the health form. In the event an emergency occurs, I may be reached at the telephone number provided above. If I cannot be reached, I hereby authorize the adult sponsor in charge to make emergency medical decisions for my child. I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I do hereby agree to hold Freddie Coile, Focus Evangelistic Ministries, and their agents harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which participant now has or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Parent or guardian's signature

Date

Return to Group Leader OR:

Complete, sign, and return with support funds to:
F.E.M.I.
2694 Hwy 174
Danielsville GA 30633