

Eden Prairie Presbyterian Church Student Ministries

Registration Health Information

Effective: May 2009—August 2010

Please Print In Ink

Name _____ Birthday ____/____/____ Male Female
Last First Middle Int.

Fall of '09 School _____ Fall of '09 Grade _____

Parent/Guardian _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Address _____ City _____ State _____ Zip _____

Second Parent _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Alt. Emergency Contact _____ Phone (H) _____ (W) _____ (Cell) _____

Parent E-mail Address _____ Student E-mail Address _____

Medical Insurance Carrier _____ Policy # _____ Group # _____

Carrier Address _____ Name of Person Insured _____

Insured Person's Place of Employment _____

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Healthy History (Check. Give approx. dates.)

_____ Frequent Ear Infections	_____ Diabetes	_____ Bleeding Disorders
_____ Heart Defect/Disease	_____ Asthma	_____ Mononucleosis
_____ Seizures	_____ ADD/ADHD	_____ Downs Syndrome
_____ Tourettes Syndrome	_____ Chicken Pox	_____ Measles
_____ Mumps		

Allergies (dates not needed)

_____ Hay Fever	_____ Penicillin
_____ Ivy Poisoning, etc.	_____ Insect Stings
_____ Other _____	
Drugs (specify) _____	

Chronic/recurring illness/medical conditions including mental illness (depression, anxiety, etc.) _____

Dietary Restrictions _____

Current Medications (List all prescriptions, OTC and herbal)

Medication Name: _____ Dosage: _____ Reason for taking: _____

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Blood type (if known) _____ Are all immunizations current? (MMR, tetanus - every 10 years, hepatitis) Yes No

Describe your students swimming ability: Beginner Intermediate Lifeguard certified

Any other information you feel the leaders should know in advance about your student. _____

For your information, these are our rules of conduct expected from each student:

- Respect another, staff, and leaders
- No fighting, weapons, fireworks, explosives
- No offensive or immodest clothing
- Respect and comply with event schedules
- No alcohol, drugs, tobacco
- No students permitted to drive for events
- No boys in girl's sleeping quarters & visa versa
- No cell phones or portable entertainment systems
- No lighters permitted
- Participation with the group expected
- No 2-piece swim suits or Guys Speedos
- Respect property

Failure to comply with these expectations could result in your child being sent home at your expense.
 My child has permission to attend all church sponsored Higher Ground activities as listed in calendars and/or in Eden Prairie Presbyterian Newsletters, including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, paintball, broomball, ice-skating, volleyball, softball, baseball, camping, downhill skiing, snow-boarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides.
*Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to Eden Prairie Presbyterian Church **prior to that event.***

Parent(s)/guardian Signature _____ Date _____

Student's Signature _____ Date _____

(Wait, there's more on the back!)

**EDEN PRAIRIE PRESBYTERIAN CHURCH STUDENT
MINISTRIES WAIVER AND RELEASE FROM LIABILITY
EFFECTIVE MAY 2009—AUGUST 2010**

I (We) acknowledge that my child's participation in the Eden Prairie Presbyterian Church youth program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (We) acknowledge that my child's participation in any Eden Prairie Presbyterian Church youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Eden Prairie Presbyterian Church youth program activities, I (we) agree to the following:

- _____ Initial Eden Prairie Presbyterian Church is not responsible for the loss or theft of personal belongings.
- _____ Initial Misconduct 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 and/or printed publications of Eden Prairie Presbyterian Church Ministries including the internet web-site.
- _____ 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 Eden Prairie Presbyterian Church's Youth activities, the following person, or entities: Eden Prairie Presbyterian Church, it's Senior Pastor and Youth Pastor, Team Leaders, employees, volunteers, 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 except in the case of gross negligence on the part of Eden Prairie Presbyterian Church, EPPC staff or volunteers and: C) **I indemnify and hold harmless** the person 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 Eden Prairie Presbyterian Church Higher Ground activities.**
- _____ Initial The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on the 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.
- _____ 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 consent to the administration of anesthesia as deemed advisable. 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 and on 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 Eden Prairie Presbyterian Church representative to provide the needed emergency treatment to the student prior to his/her admission to a medical facility.
- _____ Initial I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/ Diphenhydramine or over the counter antacids as needed.

Child's Name _____

Parent (s)/Guardian Signature _____