

Bethel Youth Conference Participant/Minor Registration Form

Name _____ M ___ F ___ Birth Date ___/___/___ Shirt Size _____

Address _____ City _____ State _____ Zip Code _____

Phone () _____ Emergency Phone _____ (Other than 1st)

Parent or Guardian

_____ Email _____ Church _____

Liability Release/Parental Consent: In consideration for being accepted by your sponsoring church for participation at Bethel Youth Conference. We being 21 years of age or older, do for ourselves or myself and for and on behalf of my child participant if said child is not 21 years of age or older, do hereby release, forever discharge and agree to hold harmless sponsoring church and Bethel Youth Conference and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participation in Bethel Youth Conference.

Furthermore, we or I and on behalf of our my child participant if under the age of 21, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Furthermore, authorization and permission is hereby given to camp or church to any necessary transportation, food and lodging for this participant.

The undersigned further hereby does agree to hold harmless and indemnify said camp and church, its directors, employees and agents, for any liability sustained by said as a result of diligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the medical practice Act on the medical staff or a licensed medical hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons, disciplinary action or otherwise, we do herby assume all transportation costs.

The undersigned does also herby give permission for our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participation in activities sponsored by the Church.

Medical Information: Physician's Name _____ **Phone** _____

Hospital Insurance: Yes ___ No ___ Policy # _____ **Insurance Co.** _____

Health Information: Please check all that apply, list medication taken daily, Give meds to nurse.

Hay fever ___ **Poison Ivy** ___ **Insect bites/stings** ___ **Penicillin** ___ **Asthma** ___

Immunization History: Please check all that apply.

DPT Series ___ **German Measles** ___ **Mumps** ___ **Polio** ___ **Tetanus** ___ **Other** _____

Health History: Please check all that you have a history of medically:

Diabetes ___ **Ear Infections** ___ **Rheumatic Fever** ___ **Tuberculosis** ___ **Epilepsy** ___ **Sleepwalking** ___

Bedwetting ___ **Convulsions** ___ **Other** _____

Present medication: _____ **Dosage taken:** _____

Present medication: _____ **Dosage taken:** _____

Food Allergies _____

Other Physical Limitations, Restrictions or Concerns

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure treatment for, and to order injection, anesthesia or surgery for my child as named above.

We (I) have read and understand the Bethel Youth Conference Registration Policies. We (I) give permission for the Bethel Ministerial Association to use photos of my child (Me) in promotional literature, both now and in future publication, printed or electronic. **In addition, I have read the Conference Guidelines and agree, on behalf of my child, to comply.**

Parent/Guardian Signature _____ **Date** _____

Registering for: (check one) _____ **Jr. Youth Conference** _____ **Sr. Youth Conference**