

PARTICIPANT FORM

Turn in a notarized original and a copy of this sheet
Attach a photocopy of insurance form or card

Participant's Name: _____ Age: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Name of Church: Jenks Avenue Church of Christ
Address: 3332 Jenks Avenue City: Panama City State: Florida Zip: 32405
In case of emergency notify: _____ Phone Numbers: Home: () _____
Work: () _____ Mobile: () _____ Other: () _____

MEDICAL PROFILE

Generally, participants health is: (check one) _____ Excellent _____ Good _____ Fair _____ Poor
If fair or poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: _____ Asthma _____ Sinusitis
_____ Bronchitis _____ Kidney Trouble _____ Diabetes _____ Dizziness _____ Stomach Upset
_____ Hay Fever

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking and dosage information: _____

Is your child allergic to any form of medication or anesthesia? _____ Yes _____ No

If yes, describe: _____

Is any medical procedure prohibited for your child? _____ Yes _____ No

If yes, describe and tell why it is prohibited: _____

List any special diet or special needs: _____

Childhood diseases: _____ Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____ Other

Family Physician: _____ Phone: () _____

Insurance Company: _____ Policy Number: _____

Subscriber Name: _____ Subscriber Number: _____

Place of Employment: _____ Subscriber Occupation: _____

Work Number: () _____

(turn over to complete)

**PERMISSION FOR MEDICAL TREATMENT, PHOTOGRAPH/VIDEO
RELEASE AND INDEMNITY**

We, the undersigned, as the parents and/or guardians of _____, hereby consent to any and all emergency medical and surgical treatments, including anesthesia and surgical procedures, which may be deemed advisable by qualified physicians selected by agents or officials of the Jenks Avenue Church of Christ. The intention thereof is to grant authority to administer and to perform examinations, treatments, anesthesia, surgical procedures and diagnostic procedures which may now, or during the course of the patient's care, be deemed advisable or necessary by qualified physicians. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the information provided on the previous page is correct and I do hereby release and forever discharge Jenks Avenue Church of Christ or event sponsor and their employees from any and all claims, demands, actions or causes of camp or event. I agree to indemnify Jenks Avenue Church of Christ for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future arising out of or caused by my child while participating in this camp or event or while on property leased or owned by Jenks Avenue Church of Christ.

COMPLETE AND SIGN BELOW

(Youth under 18 years of age requires parent/legal guardian signature)

Parent/Legal Guardian Signature _____ Date: _____
Phone numbers: _____

NOTARY ACKNOWLEDGEMENT

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signatures below:

DATE: _____

STATE OF _____

COUNTY OF _____

SUBSCRIBED and sworn to before me, a Notary Public, this _____ day of _____, 20 _____

NOTARY PUBLIC _____

My commission expires: _____