

Registration/Medical Information Form

CHRIST REDEEMER CHURCH MEDICAL AND LEGAL RELEASE FORM

Name of Participant: _____

Date of Birth: _____ Current Grade: _____

Address: _____

Home Phone: _____

Email Address: _____

Parent/Guardian: _____

Emergency Contact: _____

Physician/Phone: _____

Dentist/Phone: _____

Medical Insurance Company: _____

Address/Phone: _____

Group #/ID#: _____

Date of last Tetanus shot: _____

List any pre-existing medical conditions: _____

List current medications/dosage: _____

List any food or drug allergies: _____

Anything else we should be aware of? _____

Make check payable to "Christ Redeemer Church" _____ (amount paid)

FOR ANY QUESTIONS: Contact Carissa Means at 708-574-2285

Would you like CRC to keep this info on file for easier registration for future events? Yes _____ No _____

In consideration of being accepted by Christ Redeemer Church for participation in the youth event listed below, I, the undersigned, hereby give permission for any and all medical attention to be administered to my child/myself in the event of accident, injury, illness, etc. as deemed necessary by the leaders of this youth event. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said Christ Redeemer Church and its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

I do hereby release, forever discharge and agree to hold harmless Christ Redeemer Church 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 participant that occur while said person is participating in the below described event, including recreation or work activities. The undersigned further agrees to hold harmless and indemnify said Christ Redeemer Church and its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

Moreover, I verify that all the information stated on both sections of this form is accurate as of the date of signature.

TITLE OF EVENT: _____

DATE OF EVENT: _____

Name of Participant: _____

Parent/Guardian Signature: _____ DATE _____

Parent/Guardian Name printed: _____

Name of friend who invited you (if applicable): _____

WOULD YOU LIKE TO RECEIVE INFO ON FUTURE YOUTH EVENTS? Yes _____ No _____