

Trinity Fellowship
Bible Immersion Camp – February 7-9, 2014 – Frelsburg, TX

Registration

Name: _____ Email address: _____

Phone: _____ Payment enclosed (\$30.00) Yes No
(‘No’ only by permission – some scholarships available)

Earliest Time Available on Friday: _____

(Parental Consent and Medical Form on Back)

Parental Consent and Medical Release

Please print the following information and fill in ALL the information

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our (my) son/daughter to attend and participate in the **Bible Immersion Camp in Frelsburg, Texas from Friday, February 7th to Sunday February 9th, 2014**. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored Trinity Fellowship.

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 provisions of the Medical Practice Act on the medical staff of a licensed hospital and/or emergency care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. We (I) do herewith authorize the treatment by this authority, and it is granted only after a reasonable effort has been made to reach us/me the parent(s) and/or guardian(s).

We (I) 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.

This consent and release will be valid only for **February 7 to February 9, 2013**.

My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the named participant. My signature also serves to indicate my willingness for my Health Insurance

Company: _____ policy number: _____ to be billed for any and all medical fees and services should they be needed. We (I) hereby release Trinity Fellowship from this liability.

The undersigned does hereby release and agree to hold harmless Trinity Fellowship and its elders, employees, agents or representatives from any and all liabilities or claims for personal injury, illness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by our (my) son/daughter that occur within the effective dates stated above and/or while said child is participating in the above named activity.

Name of Participant: _____ Date of Birth: ____/____/____

Family Doctor: _____ Doctor's Phone: (____) _____

List any specific medical and food allergies, chronic illnesses or other conditions (put n/a if none apply): _____

Emergency Phone: (____) _____

Contact _____

Cell phone or pager number: (____) _____

1st Parent's or Guardian's signature – required

Printed Name of Parent or Guardian

2nd Parent's or Guardian's signature – requested

Printed Name of Parent or Guardian

Signed this date