



R.A.C.E. Registration 2017
Registration and Medical Liability Release Form

Name: _____ Age: _____ Grade Entering: _____

Parent(s) name(s): _____

Address: _____

City: _____ Zip: _____ Phone: _____

Cell phone: _____ E-mail: _____

In emergency, notify (if parent can't be reached): _____

Their phone number is: _____

Home church: _____

How did you hear about RACE? _____

Physician name: _____ Phone: _____

Health History

Allergies: _____

Date of last tetanus shot: _____

- Conditions:
- | | |
|--|---|
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Frequent stomach aches |
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Hay fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chronic asthma |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Physical handicap |

If you checked any of the above, please give details (i.e. include normal treatment of allergic reactions):

Any activity restrictions? Yes No

List any restrictions: _____

Our church has no insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter attends Vacation Bible School.

Do you have health insurance? Yes No

If yes, company name: _____

Policy number: _____

In the event that I cannot be reached in an emergency during R.A.C.E., I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church related social activities. They also agree not to hold this church or its employees or volunteer assistants liable to damage, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Parent or Guardian signature: _____ Date: _____

Valid for 7/10/2017 through 7/14/2017