

### **STUDENT/VOLUNTEER CONTACT INFO Put me on the roster: Y N**

Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: M F Birth Date: \_\_/\_\_/\_\_\_\_ Campus: PL SH Visitor

Came With: \_\_\_\_\_ Event: \_\_\_\_\_

Graduation Year (For Placing in Correct Group):

2012 (12th) 2013 (11th) 2014 (10th) 2015 (9th) 2016 (8th) 2017 (7th) 2018 (6th) 2019 (5th)

Volunteer/Staff Member: What is the primary ministry you work with: Zone Flood River

Home/Main Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

STUDENT or VOLUNTEER Email: \_\_\_\_\_

#### **OPT IN FOR TEXT MESSAGING:**

Y N I would like to receive text message updates from Friendship Church. I understand that I will be responsible for ALL fees related to receiving and sending text messages.

If YES, please provide us with the cell phone provider (i.e. T-Mobile) \_\_\_\_\_ associated with the above cell phone number.

#### **Emergency Contact Information:**

**Child lives with:** \_\_\_ Both parents \_\_\_ Father \_\_\_ Mother (for communication purposes)

**Father's (or Primary Contact)** Last, First Name: \_\_\_\_\_ Relationship if other: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Y N I would like to receive text messages. Cell phone Provider (i.e. T-Mobile) \_\_\_\_\_

Email: \_\_\_\_\_

**Mother's (or Secondary Contact)** Last, First Name: \_\_\_\_\_ Relationship if other: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Y N I would like to receive text messages. Cell phone Provider (i.e. T-Mobile) \_\_\_\_\_

Email: \_\_\_\_\_

#### **Medical Insurance and Medical Information (in case of an emergency room situation):**

Policy Holder: \_\_\_\_\_ Policy Holder's Birthdate: \_\_\_\_\_ Employer: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Carrier Phone Number: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group #: \_\_\_\_\_

Regular Daily Medications: \_\_\_\_\_

Are all immunizations current? (MMR, Tetanus, etc.) Y N

Does student/volunteer named above carry an inhaler? Y N

**NOTE: ALL OTC and Rx Medications (including inhalers) for ALL participants under the age of 18 will need to be checked in BY A PARENT with the acting nurse for any overnight event!!!**

**Allergies/Conditions/History:** Please describe any allergies (food, animal, insect or otherwise) and their reaction, medical conditions and/or medical history that we should be aware of: \_\_\_\_\_

EpiPen? Y N

### **SIGNATURE (a parent/guardian if under age 18)**

I hereby assume the risks and responsibilities stated on the back of this form on behalf of myself or the above named child participating in all Friendship Church Student Ministries activities. I/We authorize that my child's name, image and/or likeness may be photographed or filmed and used in videos, printed publications, websites, social networking sites and presentations by the staff of Friendship Church. I/We also understand that photographs posted by fellow students are not the responsibility of Friendship Church.

Parent(s)/Guardian(s)/Adult Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

PRINTED Name: \_\_\_\_\_

OFFICE USE: Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Processed On: \_\_\_\_\_

# **Friendship Church Student Ministries Medical and Media Release**

Valid June 1, 2011 - May 31, 2012

## **By signing the front, I am agreeing to:**

### **General Rules:**

Respect rules, one another, staff and adult leaders. Respect property. NO alcohol, drugs, tobacco permitted. NO lighters permitted. NO fighting, weapons, fireworks, explosives. NO students under the age of 19 are permitted to drive for events. NO boys in girls' sleeping quarters and vice versa. NO offensive or immodest clothing (girls bathing suits are to be one piece or tankinis that completely cover the abdominal area). Participation with the group is expected. Respect for and participation in scheduled events is expected. (Expectations for specific events may differ slightly depending on location and activity and will be clearly communicated.)

### **\*\*\*Discipline Policy**

1. The student is warned privately whenever possible and publicly if necessary.
2. The student is separated from the group and given specific course for correction.
3. The student is removed to the parent.

### **Release for Medical and Disciplinary Action:**

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Friendship Church. I/We acknowledge that my child's participation in Friendship Church programs may require traveling or physical exertion. I/We understand that there are inherent risks involved in any event, and I/We hereby release Friendship Church, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. I/We authorize any such medical provider to perform all procedures deemed medically necessary in attempting to treat or relieve any injuries or illnesses. I/We consent to the administration of anesthesia as deemed advisable. I/We realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I/we assume any such risk for and on behalf of myself and/or said minor. I/We understand that attempts will be made to contact a parent, guardian or alternate emergency contact in the most expeditious way possible.

I/We grant permission to the representative(s) of Friendship Church to provide the necessary emergency treatment to me/our student prior to my/their admission to a medical facility. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.

I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

\*\*\*I/We authorize appropriate and lawful disciplinary action in the case of misconduct by my student. I/We understand that misconduct may result in transportation home from an activity at the parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

**Please return to either campus in a sealed envelope with  
"To: Amy Pavlo; From: [student name]" on the outside or mail to:**

**Amy Pavlo  
c/o Friendship Church  
12800 Marystown Rd.  
Shakopee, MN 55379**

Questions, concerns, anxieties, contact Amy Pavlo at [amyp@friendship-church.org](mailto:amyp@friendship-church.org) or 952-567-6462.