

## Registration Form

Event Title: \_\_\_\_\_

Event Date and Time: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_

Location: \_\_\_\_\_

Activities at the Event: \_\_\_\_\_

Transportation Provided By: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Year of HS Graduation: \_\_\_\_\_ School: \_\_\_\_\_

Gender:  Male  Female

### Emergency Medical Registration:

I hereby give consent to any emergency medical treatment deemed necessary by the Highlands Community Church's appointed medical team during the above mentioned student's involvement at this event. I recognize that when my child attends this event, he/she will be exposed to the physical risks involved in activities related to this event. I absolve Highlands Community Church and any other adults connected with these activities of liability for any accident or illness which might occur. I also accept responsibility for expenses incurred through such treatment. I am not aware of any physical limitations that would hinder my child from participating at this event, and my child has permission to participate.

### Transportation Registration:

I hereby give consent to any emergency medical treatment deemed necessary by Highlands Community Church's appointed transportation team and any other adults connected with transporting the above mentioned student to and from this event. I absolve Highlands Community Church and any other adults connected with transportation of liability for any accident or illness which might occur.

### Publication Registration:

I hereby give permission for Highlands Community Church to use any photo or video, taken at this event, of my family in publications. I release my right to any kind of remuneration for said photos or video.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent  Guardian

Phone numbers where I can be reached during this event: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Health Insurance ID Number: \_\_\_\_\_

Health Insurance Group Number: \_\_\_\_\_

## Registration Form

Event Title: \_\_\_\_\_

Event Date and Time: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_

Location: \_\_\_\_\_

Activities at the Event: \_\_\_\_\_

Transportation Provided By: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Year of HS Graduation: \_\_\_\_\_ School: \_\_\_\_\_

Gender:  Male  Female

### Emergency Medical Registration:

I hereby give consent to any emergency medical treatment deemed necessary by the Highlands Community Church's appointed medical team during the above mentioned student's involvement at this event. I recognize that when my child attends this event, he/she will be exposed to the physical risks involved in activities related to this event. I absolve Highlands Community Church and any other adults connected with these activities of liability for any accident or illness which might occur. I also accept responsibility for expenses incurred through such treatment. I am not aware of any physical limitations that would hinder my child from participating at this event, and my child has permission to participate.

### Transportation Registration:

I hereby give consent to any emergency medical treatment deemed necessary by Highlands Community Church's appointed transportation team and any other adults connected with transporting the above mentioned student to and from this event. I absolve Highlands Community Church and any other adults connected with transportation of liability for any accident or illness which might occur.

### Publication Registration:

I hereby give permission for Highlands Community Church to use any photo or video, taken at this event, of my family in publications. I release my right to any kind of remuneration for said photos or video.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent  Guardian

Phone numbers where I can be reached during this event: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Health Insurance ID Number: \_\_\_\_\_

Health Insurance Group Number: \_\_\_\_\_