Children and Youth Event Registration Form

Headwaters Mission Center Gathering Ministries

Event Year: _____ Event Name: _____

Name: _____
Last First MI

Address: _____
Number and Street Apt.#

_____
City State/Province Zip Code Country

Home Phone: _____

Cell Phone: _____ Texting? ☐Yes ☐No

Email Address: _____

Check all that apply

☐ Camper ☐ Staff

☐ Female ☐ Male

Date of Birth:_____

Grade as of Event:_____

☐Facebook ☐My Space

☐Twitter

acct. # _____

****

Parent/Legal Guardian

_____
Name

_____
Address (if different from above)

_____
Home Phone – Area Code

_____
Work Phone – Area Code

_____
Cell Phone – Area Code

Parent/Legal Guardian

_____
Name

_____
Address (if different from above)

_____
Home Phone – Area Code

_____
Work Phone – Area Code

_____
Cell Phone – Area Code

****

Emergency Contact

_____
Name

_____
Address

_____
Home Phone – Area Code

_____
Work Phone – Area Code

_____
Cell Phone – Area Code

Emergency Contact

_____
Name

_____
Address

_____
Home Phone – Area Code

_____
Work Phone – Area Code

_____
Cell Phone – Area Code

A Health Information and History Form must be completed for the participant to attend this event!

Please read each of the following Release and Consent Statements before signing below.

Permission for Medical Treatment

I, the undersigned parent, legal guardian, next of kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment.

Headwaters Mission Center (HMC) Event Photo Release Agreement

At HWMC Events, we like to take pictures of all of our fun activities. Sometimes, we will use these photos for promotion purposes such as brochures, flyers, website, proposals, etc., Please let us know if we have your permission to use your child's photos or videotape of your child/children for the purposes stated above. We appreciate and kindly thank you in this matter.

☐ Yes, HWMC has my permission to use my child's photos/video that may have my child/children in them for purposes stated above in this agreement.

☐ No, I do not want HWMC to use photos/video of my child/children for promotional purposes.

Please Initial: _____

Activity Consent

I specifically consent to the applicant's participation in this event. I certify that the applicant has the necessary skills to participate in any of the approved activities (e.g., if boating is approved, the camper can swim). I specifically do **NOT** want the applicant to participate in the following activities:

_____

Liability Release

I have read the information on this form and filled in the requested information to the best of my/our knowledge. I understand that it is my responsibility to inform the Headwaters Mission Center if this information changes. I hereby release the Headwaters Mission Center from any liability as a result of my or my child's participation in programs sponsored by the Headwaters Mission Center.

Either parents or guardian must sign. If parents are separated or divorced, the custodial parent must sign. **Only applicant must sign if 18 years of age or older. I/we have read and consent to the releases specified in this registration form

*Parent/Guardian Signature/Applicant***_____ *Date*_____

*Parent/Guardian Signature/Applicant***_____ *Date*_____

A Health Information and History Form must be completed for the participant to attend this event!

Children and Youth Event Health Information and History Form

Community of Christ
Headwaters Mission Center
www.headwatersmc.com
We Proclaim Jesus Christ and Promote Communities of Joy, Hope, Love, and Peace.

Applicant's Name: _____

Event Name: _____ Event Date: _____

Parent/Legal Guardian	Emergency Contact Information
_____ Name	_____ Name
_____ Home Phone – Area Code	_____ Home Phone – Area Code
_____ Work Phone – Area Code	_____ Work Phone – Area Code
_____ Cell Phone – Area Code	_____ Cell Phone – Area Code

Are the applicant's immunizations current? ☐ Yes ☐ No - If No, please explain:

_____

(You must attach a Photocopy of immunization record)

What is the date of your last Tetanus shot? _____

Please explain any "yes" answers.

Yes	No	Are you allergic to any foods, latex, medications, etc.? _____
Yes	No	Are you presently under a physician's care for any acute/chronic medical condition? _____
Yes	No	Are you currently taking any medication? _____
Yes	No	Do you have any physical restrictions or emotional, medical or psychological conditions that need special attention? _____
Yes	No	Have you recently been exposed to a contagious disease? _____
Yes	No	Any special diet needs? ☐ Diabetic ☐ Vegetarian ☐ Other _____

Family Physician: _____ Phone w/area code: _____

Medical Insurance Provider: _____ Policy #: _____

Dental Insurance Provider: _____ Policy #: _____

(Attach a Photocopy of Your Insurance Card)

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*Parent/Guardian Signature/Applicant*** _____ *Date* _____

*Parent/Guardian Signature/Applicant*** _____ *Date* _____