



FIRST PREBYTERIAN CHURCH OF MEXICO, MISSOURI

2017-2018

PARTICIPANT INFORMATION FORM & RELEASE OF LIABILITY

Student Ministries

PERSONAL INFORMATION

Name of Participant: _____

Gender: _____ Birth Date: _____ Age: _____

Current Grade: _____ School: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone#: _____ Cell Phone # (Participant Only): _____

E-mail (Participant Only): : _____

Circle One

Parents/Guardians' Name: _____ Best Phone #: _____ Cell Home Work

Parents/Guardians' Name: _____ Best Phone #: _____ Cell Home Work

In case Parent/Guardian cannot be reached contact:

Name: _____ Phone #: _____

Relationship to Child: _____

MEDICAL

Physician Name: _____ Phone #: _____

Insurance Company: _____ Group #: _____ Policy #: _____

Medications & Taken For

Allergy <i>Food, Medicine or Environment</i> & Medication Required

RELEASES *(Valid from date signed til 7/31/2018)*

Media Release

I agree that as a participant in First Presbyterian Church of Mexico's youth and children's programs, my child may be photographed or videotaped during the events. I also agree that these may be used in presentation & promotional materials including on the internet and social media.

Medical Release

I give permission to church employees and volunteers for my child to receive medical attention and necessary treatment for any injury incurred.

Transportation Release

I give permission for my child to be transported, as necessary, for any activity by certified church employee or volunteer.

Release of Liability

The undersigned understands that each participant must assume the risk of injury that could result from any activities. The undersigned releases FPC Mexico, its employees and volunteers and invitees from any and all liability, claims or causes of action for loss of or damage to property or any injury to the participant arising from participation in FPC Mexico activities. In signing this application, I hereby certify that this information is correct and give permission for the release of medical records in case of illness or accident.

Participant's (if at least 18 years old) or Parent/Guardian's Signature	Signature Date
---	----------------