

## REGISTRATION FORM

**Event:** "I Am Who I Am", September 6, 2008 from 4-9pm at Grace Presbyterian Church, 6246 Turning Leaf Way, Maineville, OH, 45039

**For more info:** Visit [www.thebmpc.org](http://www.thebmpc.org) or call Stephanie Rupnik at 513-899-3727

**Return forms to:** Bethel Murdoch Presbyterian Church, Attn: Stephanie Rupnik, 9602 Murdoch-Goshen Rd, Loveland, OH 45140

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency contact person & phone number \_\_\_\_\_

Church affiliation, if any \_\_\_\_\_

How did you hear about this event?

\_\_\_\_\_ Church                      \_\_\_\_\_ Friend                      \_\_\_\_\_ Other

\_\_\_\_\_ School                      \_\_\_\_\_ Website

## PERMISSION SLIP

As the parent or guardian of \_\_\_\_\_, I permit my child to participate in the "I Am Who I Am" event at Grace Presbyterian Church on September 6, 2008. I can be reached at \_\_\_\_\_ during this event. I understand that inappropriate behavior will not be tolerated as it spoils the fun for everyone. I understand that if there is inappropriate behavior that involves my child and I am called, I will pick up my child immediately.

Signed \_\_\_\_\_

Date \_\_\_\_\_

# MEDICAL FORM

My child has the following medical conditions to which you should be alerted:

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My child takes the following medications:

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My child has the following allergies and/or allergic reactions:

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Family Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance carrier: \_\_\_\_\_

Name on the Policy: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_

Alternative emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_

## Permission to Administer Emergency Treatment

In the event I cannot be contacted, and as parent or legal guardian of \_\_\_\_\_, I hereby grant my permission, in the event of injury or sickness, to have any necessary emergency medical treatment administered to my child. In addition, I also grant permission to have my child transported to a hospital, doctor's office, or emergency clinic in the event of such injury or sickness.

\_\_\_\_\_  
signature of parent or legal guardian

## Acknowledgement of Risk

In consideration for allowing my child to use these facilities, I hereby forever release the Grace Presbyterian Church, Bethel Murdoch Presbyterian Church and Loveland Presbyterian Church, their officers, trustees, session, employees, and teachers from all liability for any and all damages and injuries suffered by my child in connection with said use of these facilities. I understand that participation is entirely by my own choice.

This acknowledgment of risk and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its contents and intent.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_