

ROCK PROGRAM REGISTRATION

Fill out one per youth/child.

Child Name _____ Grade _____ Birthday _____

Parent's Name _____ Phone _____

Emergency phone or pager: _____

Address _____ City _____ Zip _____

MEDICAL RELEASE

Health Problems/Allergies

Special Needs/Restrictions

Doctor _____ Phone _____

Authorization for Treatment of a Minor:

In the event of illness or accident, if the parent or guardian cannot be reached, I authorize the church, or its agents, to consent to any diagnosis, examination, treatment or hospital care for my child which is deemed advisable by and is rendered under the supervision of a physician. I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

Signature of Parent/Guardian _____ Date _____

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