

# WELCOME WEEKEND REGISTRATION

May 25<sup>th</sup>-27<sup>th</sup> ~ Bad Medicine Lake, MN ~ Cost: Free ~ Deadline to Register: May 12th

Student's Name: \_\_\_\_\_

Gender (Circle One): M / F

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age (at time of event): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Other phone: (\_\_\_\_) \_\_\_\_\_

Parent Email: \_\_\_\_\_

Please answer the following questions:

Does this student have allergies? Yes No If yes please describe: \_\_\_\_\_

\_\_\_\_\_

Please circle and explain all that apply: Asthma Fainting/Convulsions Diabetes  
Heart trouble Asperger's/Autism ADD/ADHD Migraine Headaches Severe Reaction  
to bee stings

\_\_\_\_\_

\_\_\_\_\_

Any other current medical conditions that we should be aware of? Yes No If yes please describe:

\_\_\_\_\_

Any current condition requiring medication? Yes No Medication/Instructions/Dosage:

\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do you carry medical Insurance? Yes No

Carrier: \_\_\_\_\_

Policy# \_\_\_\_\_ Group ID \_\_\_\_\_

Do we have your permission to administer “over the counter” medications to your student should the need arise? (OTC meds that could be given include: Dramamine, ibuprofen, etc.) Yes No

Are there any “over the counter” medications that Bethel Church MAY NOT give this student?

\_\_\_\_\_

**Emergency Contact** (other than Parent/Guardian — Parent/Guardian will be contacted first)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

I hereby verify that all immunizations are up to date and the above information is complete and accurate to my knowledge. I hereby grant permission for my child to receive first aid and emergency treatment as deemed necessary by Bethel leaders, both paid and volunteer. I understand that my child will be involved in activities such as boating, camping, campfires, outdoor games, outside work, etc. I voluntarily waive any claim against Bethel Evangelical Free Church, Bethel staff, or Bethel volunteers caring for or transporting my child against all liability, claims, damages, attorney fees, and expenses arising out of or in connection with the activities of the event and Bethel Church. I agree to notify Bethel Church of any changes prior to the start of Welcome Weekend. I give permission to Bethel Evangelical Free Church to use any photo, video, or interview of my family to illustrate, report, promote, or advertise the ministry of Bethel Church.

Parent/Guardian Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_