

**Victory Hill Church
4000 Coonpath Road NW
Carroll, OH 43112
(740) 756-7563**

REGISTRATION AND MEDICAL CONSENT FORM

Name: _____ Phone: (____) _____

Address: _____ City/State: _____ Zip: _____

Birthdate: _____ Gender: _____

Insurance Information

Insurance Company: _____

Policy Number: _____

EMERGENCY NOTIFICATION

ALTERNATE CONTACT

Name: _____ Name: _____

Home Phone: (____) _____ Home Phone: (____) _____

Work Phone: (____) _____ Work Phone: (____) _____

HEALTH HISTORY (Please check all that apply)

Allergies

- Drugs
- Asthma
- Hay Fever
- Insect Stings
- Other

Medical Conditions

- Diabetes
- Cardiac
- Chronic Asthma
- Epilepsy
- Other

Various Conditions

- Seizure Disorder
- Physical Handicap
- Emotional Handicap
- Other

If you have checked any of the above, please give details: _____

Date of Last Tetanus Shot: _____

Activity Restriction: _____

This health history is correct, to the best of my knowledge. I hereby give my permission to the physician, nurse, or dentist selected by Victory Hill Church of God to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities.

Signature: _____ Date: _____

(Parent or Legal Guardian, if registrant is a minor or dependent)

CONSENT AND RELEASE FROM LIABILITY

I, _____, hereby acknowledge that it is my desire (for my child) to participate in church-sponsored activities at Victory Hill Church of God, including activities on and/or away from the church premises as well as transportation to and from such activities.

I AM (My child is) VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES. WITH KNOWLEDGE OF THE DANGERS INVOLVED, I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me (my child) to participate in such activities, including transportation to and from such activities, I hereby release and discharge Victory Hill Church of God, its officers, employees, agents, and members of the Board of Trustees from all actions, claims or demands I and my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Board of Trustees, before or during my participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL.

This Consent and Release from Liability shall remain effective until revoked in writing and delivered to any officer, employee or agent of Victory Hill Church of God.

Executed this _____ day of _____, 20____, at _____

Parent or Guardian Print: _____

Parent or Guardian Signature: _____