



**REGISTRATION
FOR STUDENT
GATHERING WEEKEND**

**MARCH 1-2
2019**

Name of Participant _____

Address _____

City _____ State _____ Zip _____ Date of Birth ____/____/____

Home Phone _____ - _____ - _____ Participant's Cell Phone _____ - _____ - _____

Age _____ Grade _____ Tshirt Size (circle one) - Small Med Large XL 2XL 3XL

Member of Local Church? Yes No Church Name _____

METHOD OF PAYMENT

Cash / Amount: \$ _____

Check / Check # _____ Check Amt: \$ _____

Costs (Non-Refundable)		
Early Bird Registration – By Feb 1		\$40
Late Registration – Feb 22		\$50

(Make checks payable to the local church your student is attending with.)

My child has my permission to attend the Way student gathering, an event organized by a community of local churches, on March 1-2, 2019 at Walton Chapel at UMHB.

I do hereby release, acquit, hold harmless, and forever discharge any church or venue sponsoring this event, its agents, servants, sponsors, employees and all persons natural or corporation privy with them, from any and all claims or causes of action, including but not limited to actions, suits, and/or claims for bodily injuries, death or property damage, while participating in this event, including travel to and from any church activities. This agreement also applies to any and all activities on or off each church's property.

In the case of injury or sickness, I hereby authorize notification of a physician and give permission to said physician or designated medical professionals to administer emergency medical assistance if I cannot be reached. The undersigned agrees to assume liability for any and all costs and expenses incurred including medical and dental costs in the event of an injury or claim arises. The undersigned further represents by the signing of this agreement that the subject participant has adequate health, disability and life insurance and further acknowledges that any church or venue involved does not provide health, disability or life insurance for the subject participant.

The undersigned further agrees that should the need arise for any transportation, lodging and/or meals for participant, because of some unforeseen event, including but not limited to, the breakdown of church, employee or sponsor vehicles, chartered vehicles, or if transportation becomes necessary for medical emergencies, the undersigned shall be responsible for such costs.

If for any reason legal action is taken against any church or venue, by the undersigned participant, parents, or guardian, the undersigned agrees to assume any and all legal costs and expenses incurred by any church in the event that it successfully defends such claim, action or lawsuit.

I understand that if my student's conduct becomes uncontrollable or if my student breaks any of the rules he/she will be sent home at my expense and without a refund. I assume full responsibility for any damage to property and/or equipment caused by participant and I understand I will be responsible for replacement of same.

Photos or video taken of my child during any event may be used to promote and/or report on the event in any church advertising, publication or media. I also authorize the Way and/or church staff personnel to transport my student at their discretion in the event of an emergency. I certify to my knowledge, that my child has not been exposed to any contagious disease within the last 30 days.

***I understand that if my child does not have insurance that I as their parent/guardian will assume full and complete responsibility for any and all medial expenses incurred by my child which arise during the event.**

X _____
Signature of Parent or Guardian

Date

THE WAY STUDENT GATHERING INSURANCE AND HEALTH INFORMATION

INSURANCE INFORMATION

Parent Name _____ Home Phone ____/____/____

Work Phone ____/____/____ Cell Phone ____/____/____

Secondary Emergency Contact _____ Phone ____/____/____

Relationship to Participant _____

Insurance Co. _____ Insurance Phone ____/____/____

Policy # _____ Group # _____

***If the participant is uninsured the Parent/Guardian is responsible for all medical expenses incurred by the student during this event.**

HEALTH INFORMATION

Rate the general health of your child. Is the participant subject to:

Asthma Diabetes Epilepsy Fainting Spells Ear problems Heart problems

Medical Allergies (please list) _____

Food Allergies (please list) _____

Are all shots current (including Tetanus)? _____

Does the participant have any handicaps which might hinder him/her from taking part in any aspect of the weekend? _____

If yes, please explain _____

Name all medications participant is currently taking: _____

TIME – AWAY FORM

If your student needs to be away for any part of the weekend this section must be completed, signed and returned to a member of the church your child is attending with.

Participant's Name _____

Day _____ Time Leaving _____ Time Returning _____

Reason for time away _____

X _____
Signature of Parent/Guardian