

Activity: Mission XNA

Date(s): March 21-26, 2010

Sponsoring Organization: Fellowship Bible Church of Northwest Arkansas

*Permission of parent is essential in order for a minor to participate. The following **MUST** be completed.*

As a parent or legal guardian to the below named applicant, I hereby give my permission to attend the above mentioned activity. I understand every precaution will be taken for his/her health and safety. However, I assume responsibility in case of illness, injury, or accident, and agree to hold Fellowship Bible Church harmless. My signature below also authorizes the Sponsors of Fellowship Bible Church to administer medical treatment or medical assistance to my child at any time, should it be necessary. Further, I give Fellowship Bible Church permission to use my child's photo/video in any of their publications or website. No information will be given out about my child to other entities outside of Fellowship.

Parent/Guardian Signature

Date

(Please Print)

Name of Participant: _____ Age: _____

Birthdate: ____/____/____ School: _____ Grade: _____ Male: _____ Female: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent/Guardian Work Phone: _____

Name of Alternate Contact in Case of Emergency: _____

Relationship: _____ Emergency Contact's Phone: _____

Medical Insurance Company: _____

Contract/Policy #: _____

<<<Please include a copy of the front and back of your insurance card>>>

Previous Surgery(ies): _____

Taking Medication: No _____ Yes _____, Name of Medication: _____

Asthma: No _____ Yes _____, Current Treatment: _____

Allergies: No _____ Yes _____, Current Treatment: _____

Special Needs: _____

