



REGISTRATION FORM
September 1, 2019 – August 31, 2020

North Park Baptist Church - Medical/Liability Release Form
3365 Coit Ave NE, Grand Rapids, MI 49525 (616) 364-9532 office@npbc.us

Personal Information:

Name:	Birth Date:	Grade:
Email (optional):	School:	
List any medical allergies, medication being taken, medical problems, or other pertinent information:		
Name:	Birth Date:	Grade:
Email (optional):	School:	
List any medical allergies, medication being taken, medical problems, or other pertinent information:		
Name:	Birth Date:	Grade:
Email (optional):	School:	
List any medical allergies, medication being taken, medical problems, or other pertinent information:		
Name:	Birth Date:	Grade:
Email (optional):	School:	
List any medical allergies, medication being taken, medical problems, or other pertinent information:		

Primary Parent/Guardian:

Name:	Email:
Address, City, & Zip:	
Home Phone:	Mobile Phone:

Secondary Parent/Guardian:

Name:	Email:
Address, City, & Zip:	
Home Phone:	Mobile Phone:

Emergency Contact Person:

Home Phone:	
Name:	Mobile Phone:

Insurance Information:

Insurance Company:	Policy #:
Hospital Preference:	Group #:
Doctor's Name:	Doctor's Phone :

Please include a copy of the front and back of your family's insurance card.

I understand that if medical intervention is needed for this child during this activity, every attempt will be made to consult the contact persons listed on this form. If, however, those persons cannot be reached, I give my permission to the activity leaders to secure the services of a licensed physician or surgeon to provide medical treatment, including anesthesia, that is deemed necessary for the well-being of this child.

I understand all reasonable safety precautions will be taken at all times by North Park Baptist Church and its agents during events, trips and activities. I also understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to release, forever discharge and hold harmless North Park Baptist Church, its leaders, employees, and volunteer staff from any and all liability and claims for damages, losses, sickness of injury incurred by this child.

NORTH PARK BAPTIST CHURCH—Transportation Release Form

- G Yes, I do give my permission
- G No, I do not give my permission

for my child to ride in any vehicle designated by the adult in whose car the minor has been entrusted while attending and participating in activities sponsored by North Park Baptist Church of Grand Rapids, Michigan. All drivers have agreed to staff expectations and/or have been screened through a background check.

NORTH PARK BAPTIST CHURCH—Media Release Form

- G Yes, I do give my permission
- G No, I do not give my permission

for my child/children to be photographed and/or videotaped during any and all scheduled church activities. I furthermore agree that any photographs or video may be published either on the church's website or printed for use in publication and/or advertisement of Student Ministries of North Park. I understand that my child's name will not be used, just their image.

Parent/Guardian Signature: _____ **Date:** _____