

Happening SOC-in (Servants Of Christ)

Dioceses of Dallas and Fort Worth

Registration and Medical Release Form

Please print and leave no spaces blank. PLEASE NOTE: This form must be completed, the Community Contract and Guidelines (opposite side of this page) and signed. Bring snacks to share with friends, and eat dinner before arriving. There will be no fee.

PARTICIPANT INFORMATION (Please Print):

Name: _____ Name _____ Sex: _____
(Last) _____ (First) _____ on list _____ (Circle one) M F
Street Address _____ Birthday ____/____/____
City _____ State _____ Zip Code _____ Arrival Time 6 PM _____ 8 PM _____
Phone # (____) _____ Grade _____ Age Now _____ Cell Phone number: (____) _____
E-mail _____
Parish Church _____ City _____

HEALTH AND INSURANCE INFORMATION: *In case of emergency, please notify*

Last Name _____ First Name _____ Relationship _____

Address if different from above: _____

Home # (____) _____ Mobile # (____) _____ Pager # (____) _____

Family Dr. Name _____ Phone # (____) _____

Insurance Carrier _____ ID or Group # _____

Name of Primary Insured _____

Allergies: Food, Drug, or Environmental _____

Please list all medications taken regularly, any dietary restrictions or physical limitations: _____

Does your child have any other known medical conditions we should be aware of (such as asthma, diabetes, low blood sugar, seizures, etc)? Yes ____ No ____ If yes, explain _____

I give permission for my child to attend Happening SOC-in. In case of illness or accident, I give permission to have my child evaluated and treated by available medical personnel. I understand a reasonable attempt will be made to notify me in such an event. I also understand that no obligation or responsibility in regard to rendering treatment or medication is assumed or undertaken as a consequence of this activity; notwithstanding, the adults in charge have permission to authorize any medical care, which in their judgment, they deem necessary and to sign any medical forms necessary on my child's behalf and I do hereby release The Episcopal Center for Renewal, Episcopal Dioceses of Dallas and Ft. Worth, my parish and all persons connected therewith from any liability, claim and expense related to any such condition, circumstance or treatment.

Parent/Guardian Signature _____ Date _____

(Please remember to read and sign the Community Contract on the opposite side of this page before returning.)

Please mail, email or fax to:
The Episcopal Center for Renewal
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