

The Episcopal Center for Renewal
10290 Monroe Drive Suite 101, Dallas TX 75229-5718
Dioceses of Dallas and Ft. Worth
Mustard Seeds Registration and Medical Release Form

Deadline: Monday
Prior To Event
NO REFUNDS

Please print and leave no spaces blank. PLEASE NOTE: This form must be completed, the Community Contract and Guidelines (opposite side of this page) signed and the \$20.00 fee paid before youth can participate in Mustard Seeds.

PARTICIPANT INFORMATION (Please Print):

Name: _____ Name on _____
(Last) _____ (First) _____ Nametag _____
Street Address _____ Sex: (Circle one) M F
City _____ State _____ Zip Code _____ Birthday ____/____/____
Phone # (____) _____ Grade _____ Age Now _____ Participant ____ Sponsor ____ Team ____ (check one)
Your Church _____ City _____
(If you are coming with a friend, what church group will you be with: _____)
E-mail _____

CLERGY

Sunday School Teacher (if applicable)

Clergy Signature _____ *Teacher's Signature* _____

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 Mustard Seeds. 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 Covenant on the opposite side of this page before returning.)

OFFICE USE ONLY: Fee Paid ____ cash/check/credit card ____ Date Received ____ Acceptance ____