

# The Buffalo Christian Center

## MISSION TRIP

### 2010 ADULT PARTICIPANT'S REGISTRATION FORM

(Adult= 18 =years of age)

#### Personal Information

Name: \_\_\_\_\_

Church/Group \_\_\_\_\_

Church's Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Leader's Name \_\_\_\_\_

Participant's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Gender: M F

#### Contact Information

Spouse/Parent's Full name(s) \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

In case spouse/parents' cannot be reached, please call \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

#### Medical Information

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Ins. Carrier's Phone Number \_\_\_\_\_ Primary Care Physician \_\_\_\_\_

Primary Care Physician's Phone Number \_\_\_\_\_

Current Medications \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Allergies/Special Medical Needs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Release from Liability

I hereby release The Buffalo Christian Center, its staff and members of the board of directors, from any liability for injury that I may sustain during The Buffalo Christian Center's activities. In case of illness or injury, and in the event I am unable to respond, I authorize The Buffalo Christian Center's staff to allow emergency medical treatment or surgery by a licensed physician or hospital.

Signature \_\_\_\_\_

Date \_\_\_\_\_