

The Buffalo Christian Center

MISSION TRIP

2010 STUDENT PARTICIPANT'S REGISTRATION FORM

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

Grade Completed 6 7 8 9 10 11 12

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 _____

My child may be administered basic analgesic (Tylenol, Advil) if needed. Yes No

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.

Parent or Guardian Signature _____

Date _____