

# NORTH CARY BAPTIST CHURCH ACTIVITIES

REGISTRATION FORM, MEDICAL PERMISSION AND RELEASE FORM

2009 - 2010

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_ PARENT(S) NAMES \_\_\_\_\_  
IF PARENTS CANNOT BE REACHED NOTIFY \_\_\_\_\_ PHONE \_\_\_\_\_  
FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

## MEDICAL HISTORY (Please check appropriate information)

\_\_\_ ASTHMA \_\_\_ SINUSITIS \_\_\_ BRONCHITIS \_\_\_ KIDNEY TROUBLE \_\_\_ HEART TROUBLE \_\_\_ DIABETES \_\_\_ DIZZINESS  
\_\_\_ VOMITING \_\_\_ HAY FEVER \_\_\_\_\_ OTHER \_\_\_\_\_

IMMUNIZATIONS UP TO DATE (CHECK) \_\_\_ TETANUS \_\_\_ POLIO BOOSTER \_\_\_ MEASLES \_\_\_ MUMPS

ALLERGIES (LIST TYPE)

FOOD \_\_\_\_\_ PENICILLIN OR OTHER DRUG (NAME) \_\_\_\_\_

INSECT STINGS/BITES \_\_\_\_\_ POISON SUMAC, OAK, IVY \_\_\_\_\_

PREVIOUS OPERATIONS OR SERIOUS ILLNESS \_\_\_\_\_

ANY CURRENT MEDICATIONS (LIST) \_\_\_\_\_

SPECIAL DIET (NAME) \_\_\_\_\_

CHILDHOOD DISEASES \_\_\_ CHICKENPOX \_\_\_ MEASLES \_\_\_ MUMPS \_\_\_ WHOOPING COUGH \_\_\_\_\_ OTHER \_\_\_\_\_

The above student has my permission to participate in these NCBC activities as approved by my initials:

Any North Cary Baptist Church function \_\_\_\_\_  
Sunday School \_\_\_\_\_ Sunday AM worship \_\_\_\_\_ Sunday 24/7 ministries \_\_\_\_\_ Wednesday Awana \_\_\_\_\_  
Children's choir and music classes \_\_\_\_\_ Any Children's activity \_\_\_\_\_ Any Youth Activity \_\_\_\_\_

I understand that once my child arrives, he/she must stay on the church premises throughout the entire program, and may only leave when accompanied by me, unless I authorize in writing another responsible person to take him/her home. Verbal authorization for each and every instance my child leaves before the conclusion of any program must be given. My child has permission to be picked up by \_\_\_\_\_

My child has permission to walk or ride a bike to and from North Cary Baptist Church \_\_\_\_\_

I hereby grant my permission to the pastor, associate pastor, youth minister, children's minister or other person(s) in charge to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge North Cary Baptist Church in Cary, North Carolina and chaperones from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while on any activity occurring in the year of 2009-2010.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

North Cary Baptist Church Member Witness \_\_\_\_\_