



# Grade Retreat!

Dear Parent:

Please complete this registration form and also the Parental Consent/Medical Release Form to FBC

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Work Numbers \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Does child have any of the following allergies?**

Drug allergies? _____	Poison Ivy, etc? _____
Hay Fever? _____	peanut/nut? _____
Insect Sting? _____	Other? _____

Is child on any medications? Yes No If yes, please explain: \_\_\_\_\_

Does your child have any medical or health problems and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's activity? ( ) yes ( ) no If yes, please describe the problems or illnesses.

\_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

By signing below you indicate that you have read and agree with the disclaimer on the reverse side of this registration regarding privacy laws, medical liability and consent, secondary insurance coverage, and permission for photo and transportation. Please read carefully before signing.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
Office Use Only: Registration—Check \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_



**Please read carefully then sign bottom of front page.**

In accordance with Florida's privacy laws, all information submitted will be kept in the strictest of confidence. The information will only be used for the purposes you have authorized. Some of this information may be saved for a designated period of time in order to comply with the state of Florida's archiving policies. However, information will not be disclosed to third parties or other agencies, unless required by state or federal law. If information is required by law to be disclosed about you or your child, then every effort to notify you about this disclosure in advance will be taken. I understand that First Baptist Church Ocala carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverage available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide coverage and the ministry's medical and hospitalization coverage (subject to the exclusions, limitations, and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage. I further understand that, in the event that my child requires medical and/or dental treatment while engaged in activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to this activity, as agent for me, to consent to any X-ray examination, injections, anesthesia, medical, dental, or surgical diagnosis and treatment; and hospital care and treatment advised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me. Unless otherwise noted, I also give permission for my child's photo to be taken and used for the purposes of advertising, publication, and promotion for any and all events at First Baptist Church Ocala and to go with the ministry on any field trips using transportation provided by the church.