HIGH SCHOOL MISSION

Crownpoint New Mexico
Reservation Mission Trip
Summer 2017 Trip Registration Form

Instructions:

1. Complete the front and back of each page of the registration form and **PRINT CLEARLY**.
2. Please include a check (payable to Bryn Mawr Presbyterian) for the full payment with the registration form
3. Turn or mail in to BMPC (625 Montgomery Avenue, Bryn Mawr, PA 19010), attention Amy Bauer.

☐ **High School Mission, Crownpoint, New Mexico, July 23 – 29th, 2017: $799**
Rising 9th – Graduated 12th graders | This is an opportunity to connect. To share stories. To learn about a new culture. To show the love of Christ. And to connect the people of Crownpoint back to the local church.
*Scholarship assistance based on need is available for all trips and events

CONTACT INFORMATION

PARENT/GUARDIAN CONTACT INFORMATION
(PLEASE PRINT CLEARLY)

Participant's Last Name ________________________ Participant's First Name ________________________

Participant's Date of Birth *(MM/DD/YYYY)* ___________________ Current Grade in School _____________

Tee Shirt Size (*Mission Trips & Camp Only*) ________________

Parent(s)/Guardian Name ____

Home Phone ____________ Cell Phone ____________ Work Phone ____________ E-Mail _______________

Home Address ____________________________________ City ___________________ State ___ Zip ______

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian Name ____

Home Phone _____________ Cell Phone _____________ Work Phone _____________

Contact Name ________________________________ Relation _____________________________________

Home Phone _____________ Cell Phone _____________ Work Phone _____________

Contact Name ________________________________ Relation _____________________________________

Home Phone _____________ Cell Phone _____________ Work Phone _____________

Forms are Available at: www.bmpc.org/programs/for-youth-and-their-families

AUTHORIZED PERSON FOR PICK UP

Contact Name _____________________________ Relation _________________________________

Home Phone ____________ Cell Phone ____________ Work Phone ____________

Contact Name _____________________________ Relation _________________________________

Home Phone ____________ Cell Phone ____________ Work Phone ____________

IMAGE/NAME PERMISSION & RELEASE

Bryn Mawr Presbyterian Church staff members may wish to photograph, videotape, or otherwise record the activities of the Program participants for the purpose of promoting the Program. We may also publish your participant's name, grade, and image on Church related publications.

I give permission for my child in the Program to be videotaped, photographed, and/or recorded, in connection with the Program. I give permission for Bryn Mawr Presbyterian Church to use said videotaped, photographed, and/or recorded materials in BMPC publications, websites, CDs, DVDs or other media, for publicity purposes or in any other non-commercial manner that it chooses.

I hereby waive and release any rights that I may have to said videotaped, photographed, and/or recorded materials.

Child's Name (please print) ____

Parent/Guardian Name (please print)____

Parent/Guardian Signature __________________________________ Date _________________________

MEDICAL FORM

INSURANCE INFORMATION

Name of Insurance Policy Holder ____

Carrier ________________ Policy # ________________ Group # ________________

PHYSICIAN INFORMATION

Physician's Name/Practice ____

Phone ___________________ Fax ___________________________

Office Location _______________________________ City _____________ State _____ Zip __________

MEDICAL CONDITIONS

PLEASE CHECK ALL THAT APPLY

______ ADD
______ADHD
______ Asthma
______ Cardiac Problems
______ Chronic Bed Wetting
______ Diabetes
______ Dizziness/Fainting/Blackouts
______ Eating Disorders
______ Epilepsy
______ *(if applicable)* Has your daughter had her first menstrual period?
______ Mental Health Problems
______Motion Sickness
______ Orthopedic Problems
______ Stomach Problems

ALLERGIES *(Check)* *(Medication/Dosage)*	**REACTION** *(Describe)*	**TREATMENT**
______ Aspirin	____________________	____________________
______ Food Allergies	____________________	____________________
______ Insect Stings	____________________	____________________
______ Latex	____________________	____________________
______Other Medication	____________________	____________________
______ Other Medication	____________________	____________________
______ Penicillin	____________________	____________________
______Sulfa	____________________	____________________
______ Tetracycline	____________________	____________________

SPECIAL MEDICATION: *This information will be kept confidential. Please specify all medication(s) your child/student is currently taking, the dosage and how often it should be administered. Please note that we will not administer any medication during program hours unless we have written permission from you and your child/student's physician. Please be sure to supply any medication necessary for your child.* ***<u>All medications should be clearly labeled with name and instructions and placed in a sealed, clear plastic bag</u>*****.**

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PLEASE NOTE: We are unable to dispense any medication without documentation from your child's doctor. This includes: aspirin, acetaminophen, ibuprofen, Benadryl, Epi-Pen.

MEDICAL TREATMENT PERMISSION & RELEASE

I desire my child to participate in the Bryn Mawr Presbyterian activity described herein ("the Program"). I understand that there are hazards and risks, as well as benefits, associated with my child's participation in the Program. In consideration of the benefits of my child's participation in the Program, I, on behalf of myself, my child, my or their heirs, executors, administrators, agents, assigns, and other personal representatives, irrevocably and unconditionally remise, release, settle, compromise, and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, that I or my child, have or may have against Bryn Mawr Presbyterian Church and/or its trustees, officers, employees, agents, assigns, contractors, or volunteers arising from or connected with my child's participation in the Program, including the securing of medical treatment for my child during my child's participation in the Program.

I give my permission to Bryn Mawr Presbyterian Church, its employees, agents, assigns, contractors, or volunteer supervisors to secure medical treatment for my child in the event that such treatment is needed during my child's participation in the Program or related activities. I agree to assume financial responsibility for the cost of such treatment.

The laws of the Commonwealth of Pennsylvania shall apply to this Medical Treatment Permission & Release. If any of the provisions, terms, clauses, or waivers or releases of claims or rights contained herein are declared illegal, unenforceable, or ineffective in a legal or other forum or proceeding, such provisions, terms, clauses, or waivers and releases shall be deemed servable, and all other provisions, terms, clauses and waivers and releases of claims and rights contained herein shall remain valid and binding.

I sign this document with the intent to be legally bound by it. I am an adult, competent to sign this document. I am signing this document voluntarily. I have read it and I understand its contents.

Parent(s)/Guardian Name *(please print)* ____

Parent(s)/Guardian Name *(signature)* _____________________________ Date __________________