

Event Registration for Under 18s

Vision Baptist Missions, Inc. (VBM)

Personal Information:

Name: _____

Male/Female Age: _____

Grade in Sept. 2024 ____ DOB: _____

T-Shirt Adult/Child Size: _____

Address: _____

Phone: _____

Church: _____

City: _____ State: _____

Emergency Contact:

PRIMARY: _____

Address: _____

Cell Phone: _____

SECONDARY: _____

Address: _____

Cell Phone: _____

Medical Information:

Personal Physician: _____ Phone: _____

Medications Currently Taking: _____

Reason for Medication: _____

Are or Your Child Allowed to Have "over the counter" medicine if needed? Yes ____ No ____

Date of Last Tetanus: _____ Known Allergies: _____

Reaction Caused: _____ Treatment: _____

Restrictions of Activity & Reason: _____

Medical Insurance Carrier: _____

Subscriber#: _____ Group#: _____

VBM Medical & Liability Release Statement Form

- ★ I give my permission for myself or my child to participate in VBM activities and stay overnight in VBM housing.
- ★ I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on the registration form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by VBM personnel to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for myself or my child as deemed necessary.
- ★ I understand that my insurance coverage for myself or my child will be used as primary coverage in the event medical intervention is needed.
- ★ I understand all reasonable safety precautions will be taken at all times by VBM and its agents during the events and activities. I understand the of unforeseen hazards and know the inherent risk. I agree not to hold VBM, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject on this form.
- ★ I understand that VBM reserves the right to dismiss myself or my child from VBM activities with forfeiture of fees if he/she is non-cooperative or non-compliant.
- ★ I further agree to indemnify and hold VBM harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any claim I may make, actions I take against VBM, or lawsuits I may file against them.
- ★ I give permission for myself or my child's picture to be used in future VBM publications, promotional videos and/or on the internet.
- ★ I agree to the above Parent Medical and Liability Release Statement.

Signature (Participant or Parent/Guardian): _____

Date: _____