




New Hope Baptist Church Registration/Medical Permission Information
551 New Hope Road, Fayetteville, GA 30214 ~ 770-461-4337

Activity: **CentriKid Camp ~ July 8 – 12, 2019** Permission Expires: September 1, 2019

Participant's Name _____ Mother's Name _____ Mother's Cell _____
 Address _____ Father's Name _____ Father's Cell _____
 City _____ State _____ Zip _____ Home Phone # _____
 Other Information we need to know _____
 Age _____ Birth Date _____ Grade _____ (completed 2019) Gender _____ Email _____

NHBC Church Member _____ Guest of NHBC _____ NHBC member you came with _____
 Parent's Employer _____ Phone _____
Notify if Emergency _____ Phone _____ Other _____
 Person Picking up child _____ Phone _____ Other _____
 Family Physician _____ Phone _____
 Insurance Company _____ Policy # _____
 List any medical difficulties for which your child is currently being treated _____
 Check any of the following that cause your child problems/explain: Asthma ___ Sinusitis ___ Bronchitis ___ Hay Fever ___
 Diabetes ___ Dizziness ___ Kidney trouble ___ Heart trouble ___ Stomach upset ___
 Explain _____
 Current Medication _____ Special Diet _____
 Immunization: Tetanus (date __ - __ - __) Polio Booster ___ Measles ___ Mumps ___ Other ___
 Allergies: Food _____ Penicillin/Drugs _____
 Insect stings/bites _____ Previous serious illness _____

Initial Below ~ Please Attach a Copy of Insurance Card

_____ I hereby authorize a New Hope Baptist Church representative to take my child to the above names physician or an emergency facility for medical treatment in the event of an emergency in which neither parent can be reached
 _____ I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.
 _____ I hereby authorize New Hope Baptist Church to include my child in supervise water activities.
 I understand that as a Participant, I or my child may be photographed or videotaped during normal activities, and these photos/videos may be used in promotional materials.

_____ *Signature of Parent or Guardian* _____ *Date*

Personally appeared before me, _____, with whom I am personally acquainted or produced _____ as proof of identification and who acknowledged that he/she executed the within instrument for the purpose therein contained.

State of Georgia County of _____
 Witness my hand this _____ day of _____, 201 _____
Notary Signature

My commission expires: _____ *Notary Seal*

The above-named participant (the word "participant" to include the feminine gender as well as the masculine where the context requires or permits) and, if participant is a minor, the legal custodian thereof (the word "custodian" to include both natural or adopted parents or any legal guardian. The plural as well as the feminine gender as well as the masculine where context requires or permits) hereby consent to the participation of participant in the above-referenced activity conducted under the sponsorship of New Hope Baptist Church, Fayette County, Georgia, an unincorporated association; its agents, servants and members. In making such consent participant and custodian acknowledge they understand that there are risks to both person and property associated with engaging in such activity and they hereby consent to assume such risk.

In consideration of granting permission to New Hope Baptist Church, its agents, servants and members for the participation in such activity by the participant and custodian hereby, release and exonerate New Hope Baptist Church, its agents, servants and members from any and all liability of every nature and kind. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right either may have or which otherwise might accrue against New Hope Baptist Church, its agents, servants and members by virtue of the sponsorship and supervision, of such activity and/or the participation therein by participant

Participant and custodian hereby authorize the consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver and/or lease provisions hereof shall remain in full force and effect until "Permission Expires" date at the top of this form, written notice of revocation or withdrawal is received by New Hope Baptist Church at its office at 551 new Hope Rd, Fayetteville, GA 30214. 770-461-4337