



LOCATION: GARNER CREEK RETREAT CENTER - DICKSON , TN
TRANSPORTATION: CHARTER BUS
DEPART FROM FHBC: 4:30 P.M. , FRIDAY, FEBRUARY 17
RETURN TO FHBC: 12:00 NOON, SUNDAY, FEBRUARY 19
COST: \$130.00
 INCREDIBLE WORSHIP AND BIBLE STUDY

...AND FUN! BRING A FRIEND!

**TO REGISTER, FILL OUT AND DETACH THE PORTION BELOW
 AND FILL OUT A 2012 MEDICAL RELEASE FORM WITH A COPY OF A CURRENT INSURANCE CARD.
 REGISTRATION FORMS MAY BE RETURNED BY MAIL, PLACED IN THE BREADBOX IN THE SOC
 OR IN REBECCA'S BOX IN THE FRONT OFFICE.**



NAME: _____

AGE: _____ **GRADE:** _____

SCHOOL: _____

EMAIL: _____ **Hm. PHONE:** _____

NAME OF PARENT/GAURDIAN: _____

PARENT/GUARDIAN CELL PHONE NUMBER(S): _____

PARENT/GUARDIAN EMAIL(S): _____

ADDRESS: _____

NEW 2012 MEDICAL RELEASE FORM AND NOTARIZED, COPY OF INSURANCE CARD ATTACHED: ___

ADDITIONAL NOTES: _____ **HOODIE SIZE:** _____ **PAYMENT ENCLOSED (\$130):** _____

ALL REGISTRATIONS FORMS ARE DUE NO LATER THAN SUNDAY, JANUARY 15

2012 MEDICAL / PERMISSION AND RELEASE FORM

Last Name _____

, First _____

Patient Information:

Name _____ Sex _____ Race _____

Address _____ City _____

County _____ State _____ Zip _____ Telephone _____

Date of Birth _____ State of Birth _____ Soc. Sec. # _____

Next of Kin:

Name _____ Relationship _____

Address _____ City _____

State _____ Zip _____ Home phone _____ Work phone _____

In case of emergency

In case of emergency call (8 a.m. to 5 p.m.) _____ Phone _____

In case of emergency call (home) _____ Phone _____

Family physician _____ Phone _____

Family Insurance Co. _____ ID # _____ Group # _____

Primary Name of Policyholder _____ Relationship _____

Medical History

(Check the appropriate blanks)

Immunizations: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps _____ Hep A _____

Others _____

Illnesses: Asthma _____ Sinusitis _____ Bronchitis _____ Kidney trouble _____ Heart Trouble _____

Diabetes _____ Dizziness _____ Stomach trouble _____ Hay Fever _____ Other _____

Allergies (list type): Food _____ Insect stings, bites _____ Medicine _____

Poison sumac, oak, or ivy _____ Other _____

Previous operation or illness: _____

Current medication: (list) _____

Special diet: _____

Childhood diseases: Chicken pox _____ Measles _____ Mumps _____ Whooping cough _____ Other: _____

To whom it may concern:

I give the Forest Hills Baptist Church power of attorney to act on my behalf in obtaining medical care for the above named student. I/we, the undersigned, do hereby release, and forever discharge all sponsors and Forest Hills Baptist Church from any and all claims, demands, actions, and cause of action, past, present, or future arising out of any damage or injury while participating in the event. This is for all event dates January 1 until December 31, 2012.

Date _____ Parent or guardian _____

Notary _____ My commission expires _____