



Student Registration DNow 2019

Student Name _____ Address _____

City _____ Zip _____ E-mail Address _____

Age _____ Date of Birth _____ Grade _____ School _____

Father's name _____ Mother's Name _____

Church Member: Yes No If yes, where? _____

One person I would like to be with during the weekend is: _____

Medical and Insurance Information

Family insurance company _____ Policy # _____

Family physician _____ Phone _____

Check all that apply and give appropriate information below: None Allergies Asthma Bronchitis
 Diabetes Dizziness Heart Trouble Kidney Trouble Sinusitis Stomach Upset Other (please explain below)

List any prescription drugs the student will be taking during the weekend; state frequency and dosage for each. None

Permission

_____ (student's name) has my permission to attend DiscipleNow weekend.

Parent/Guardian _____ Date _____

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Release of Liability

A. It is my understanding that participating in the programs and recreational and other activities of North Arkansas Baptist Association and its churches is a privilege. Prior to my or my child's participation in such activities, I acknowledge that there are certain risks associated with the activities; including by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

By signing this Permission/Waver Form, I expressly assume all risks of the child or me, if I am the participant, while participating in the activities; whether such risks are known or unknown to me at this time. I further release NABA and its churches and its ministers, leaders, employees, volunteers, and agents from any claim and liability that my child may have or that I may have against them as a result of injury, accident or illness incurred during the course of participating in these activities.

As a parent or legal guardian (or self if participant), I _____

hereby give permission for _____

to participate in (activity) DiscipleNow weekend on March 8-10, 2019

B. I recognize that there may be occasions where the child named above, or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness or other health condition or injury. I do hereby give permission for agents of NABA and its churches to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant; including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for the attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and again, I agree to pay for the medical treatment.

C. I hereby consent to the Permission/Waiver Form including the Release of Liability above.

Signature _____

Printed Name _____

Date _____