



//*the.evolution* student ministries goes to D2S09 -Dare to Serve

Who: Students who are currently in 6th–12th grade.

When: June 23-28

Where: Berean Baptist Church, Mansfield, OH

Cost: \$60

\$15 non-refundable deposit due with registration.

Final balance due June 1.

Info: www.newhopewired.tv

Parent Meetings: There will be a parent's meeting at each campus approximately two weeks prior to the event to answer any questions. Please watch weekend program for announcement and location.

Completed packet due by May 31st.

Space is limited and will be filled in the order completed packets are received.

For **Dare2Serve** we're taking students from all 3 campuses. So, we need extra help from you. We're asking that you complete your child's registration all at once so we can accommodate everyone efficiently. Everything you need to sign your son or daughter up for the **Dare2Serve** is included in this packet. No partial packets will be accepted, but if you follow the checklist below, you'll have absolutely no problems.

Thank you for your efforts in making this year's Gauntlet a success! We look forward to seeing what God is going to do in the lives of our students during this week.

Checklist:

- Information Form
- \$15 non-refundable deposit
- Medical Release Form
- Behavior Form signed by student and parent
- Front and back copy of insurance card (if applicable)

For office use only...Accepted by: _____ Date: _____ Entered into CCB__ Completed ____



D2S09

//*the.evolution* student ministry

INFORMATION FORM

- Ashland Campus Loudonville Campus Wooster Campus

Name: _____

Date of Birth: _____

Gender: M/F

Street/City/State/Zip: _____

Cell Phone: _____ TXT? Y__ N__ Carrier

Home Phone: _____

School: _____

Grade In/Completed: _____

T-Shirt Size: _____

Small Group Leader (if any): _____

Sibling(s) attending the Dare2Serve

PAYMENT

Check Cash Credit/Debit Card*

Amount:

Send confirmation email to: _____



MEDICAL RELEASE FORM

Student's Name _____ Date Completed _____
Address _____ Phone _____
Age _____ Birth Date _____ Grade In/Completed _____ Gender M / F
Father _____ Work Phone _____
Mother _____ Work Phone _____
Guardian _____ Work Phone _____

In the case of an emergency and a parent cannot be reached, please contact:

Name _____ Phone _____ Relation _____

Required Emergency Medical Information:

Do you have hospital insurance? _____ Policy Number _____
Primary Insured _____ Name of Insurance _____
Insurance Company Telephone Numbers _____

** Please attach a copy of the front and back of your insurance card **

Family Physician _____ Office Phone _____
Family Dentist _____ Office Phone _____
Date of Last Immunization: DPT _____ MMR _____ Tetanus Only _____ Polio _____
Check if Child has had: Chicken Pox ___ Measles ___ Mumps ___ Whooping Cough ___

Daily Medication Requirements:

Medicine _____ Prescribed Dosage _____ Time _____
Medicine _____ Prescribed Dosage _____ Time _____
Medicine _____ Prescribed Dosage _____ Time _____
Allergies: _____

Other Important Medical Information:

I (we) hereby DO _____ or DO NOT _____ consent to the use of blood and/or blood products under the care of a licensed physician in the case of emergency.

New Hope Community Church, Student Ministry, and Volunteers Are Designated By The Abbreviation “NHCC” Throughout This Entire Form

- I (we) hereby authorize NHCC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.
- I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by NHCC.
- I (we) hereby authorize NHCC to transport my (our) child to or from church and/or any other church related and sponsored activities and events.
- I (we) hereby authorize NHCC to include my (our) child in supervised water activities.
- I (we) hereby authorize NHCC and its acting leaders to teach and lead my (our) child in religious lessons and services which may include prayer and Bible teaching.
- I (we) hereby authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.
- I (we) hereby do authorize any leader of NHCC to dispense to my (our) child any necessary over-the-counter medications (according to proper dosage instructions) when deemed necessary.
- I (we) do hereby authorize any licensed physician or medical treatment center to treat my (our) child in the case of emergency in which the before named physician cannot respond.
- The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
- I (we) hereby release, forever discharge and agree to hold harmless NHCC and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child-participant that occur while said child is participating in any trip or activity with NHCC.
- Furthermore, I (we) [and on behalf of my (our) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.
- Further authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.
- The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, and agents for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.
- The medical consent and liability waiver provisions hereof shall remain in full force throughout 2009 and in effect until written notice of revocation or withdrawal is received by NHCC at its office. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of this form.

_____ / _____ / _____
 Father Date Mother Date

_____ / _____
 Legal Guardian Date



BEHAVIOR FORM

I, _____ (print parent/guardian name), take full responsibility for my child, _____ (print student name), during all 2009 New Hope Community Church Student Ministry Events.

In the event of any personal or property damage done by my child, I understand that I am morally, and financially responsible.

This includes:

- Negligent physical harm or injury inflicted to another individual by my child.
- Property damage to any and all objects done by my child.
- Transportation expense home for my child due to early dismissal from said event for use or possession of alcohol, tobacco, illegal drugs, inhalants, and pornographic materials.
- Transportation expense home for my child due to their inability to gain personal control over any actions that may cause injury to oneself or another.
- Transportation expense home for my child due to their causing excessive and persistent disruption to the entire group during said event.

All dismissal decisions are at the discretion of the Pastor of Students. In the event that damage is caused by more than one child, equal responsibility is taken by all involved. When responsibility for damage is not claimed, all those closely related will share in responsibility and expense (example: room damage unaccounted for = all room members share responsibility).

All final decisions are the responsibility of the Pastor of Students after discussion with all volunteer adults involved. It is never our desire to send a student home and we will do all we can to work with you, the parent, in impacting your child positively. When any serious problem arises, you will receive a phone call so that the matter can be discussed and the proper action taken.

I consent for my child's picture to be taken and used for promotional material in the future.

Signatures: _____ - Parent or Guardian
 _____ - Student
 _____ - Date

* Both signatures must be present to be valid **