

Grace Church North County Oceanside

Event Information

Misson Trip (Country): _____

Registration and Medical Release (Please print and complete)

:: PARTICIPANT INFORMATION

Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____
Male _____ Female _____ Birth Date ____/____/____ Age _____
Email _____ Phone _____
Parent/Guardian (if applicable) _____ Phone _____

:: MEDICAL INFORMATION (If you do not carry insurance, please write N/A for Medical Insurance)

Medical Insurance _____ Policy # _____
Family Physician _____ Phone Number _____
Allergies _____
Medical Conditions _____
Have You had a Tetanus shot in the last 12 months? Yes _____ No _____

:: MEDICAL RELEASE

I give the health care providers of the trip/event permission to give over the counter medication and administer other treatment as deemed necessary. Please attach any other additional medical information.

List any exceptions below:

:: LIABILITY RELEASE

For participation in a Grace Church North County Oceanside trip/event, we (I) as legal guardian(s) of the participant, hereby grant my (our) permission to take the participant to a doctor or hospital, and authorize medical treatment, including emergency surgery and medical treatment, and assume all responsibility of all medical bills and charges.

I (we), release Grace Church North County Oceanside and its staff, directors, and/or volunteers from all liability for personal injury, sickness, death, and/or property damage of any nature that occur during this trip/event. I (we) also assume all risk and expenses as a result of participation.

Should it be necessary for the participant to be returned home for medical reasons, disciplinary action, or other wise, I (we) will assume all transportation cost.

:: ADVERTISEMENT RELEASE

Any media obtained by Authorized GCNCO Staff may be used for future promotional use without any compensation or prior approval.

Signature of Participant _____ Date ____/____/____
If Minor: Signature of Parent/Guardian _____ Date ____/____/____