



STUDENT MINISTRY
HENDERSON HILLS BAPTIST CHURCH

T-Shirt Size: (circle one) S M L XL XXL

Check #: _____
Cash: _____

Event _____ Current Grade (or completed) _____ Male Female

Name _____

Address _____ City _____ State _____ Zip _____

School _____ DOB _____ Roommate _____

Home Phone _____ Parent Email _____

Parent/Guardian _____ Parent/Guardian Work Phone _____

Parent/Guardian Address _____ Parent/Guardian Cell Phone _____

Insurance Co. _____ Policy # _____ Ins. Phone _____

Medical Information

Medications currently being taken: _____

Allergic to bee stings? Yes No
If yes, what action is necessary in case of a sting? _____

Date of last tetanus shot: _____
If date cannot be remembered, please secure a booster prior to event.

Is the student subject to :

Fainting Spells Heart Trouble

Allergies: Medication _____ Food _____

Epilepsy Diabetic Appendix Out

Can the student swim? No Beginner Adv.

Does the student have any physical problems that would hinder him/her from entering into full-program activities? _____

If yes, what: _____

PLEASE COMPLETE BOTH SIDES OF ENVELOPE!

Would you like to help sponsor another student? yes no If yes, amount: \$ _____



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1200 E I-35 Frontage Rd. • Edmond, OK 73034

For questions, call 405.341.4639

As the participant, parent and/or guardian (if under 18 years of age) of said member I hereby acknowledge that he/she is presently under my care, custody and control. In the event there arises any emergency, needing medical attention, I hereby consent and give my permission to Henderson Hills Baptist Church, or it's representatives, or any attending physicians, to make such decisions and to perform such medical treatment, which may in their sole discretion be necessary and proper under the circumstances. As the participant, parent and/or guardian of said member, I hereby do release, acquit, discharge to hold harmless Henderson Hills Baptist Church or it's representatives or any attending physician, from any and all actions, damages, or liabilities arising out of the treatment of any sickness or accident incurred by above said participant during time-away while on any church activities.

*Please Note:

I give Henderson Hills Baptist Student Ministry the right to use video or still shot photography of my student in any appropriate promotional or publicity use.

Signature of Parent/Guardian Date Witness Signature Date