

Centrifuge Participant Form

Bring two notarized originals of this sheet to registration

Attach a photocopy of insurance form or card

Participant Name _____ Age _____ Date of Birth ____/____/____

SS# _____

Address _____ City _____ St _____

ZIP _____

Name of Church _____ Address _____ City _____ St _____

ZIP _____

In case of an emergency notify: _____ Phone Numbers - Home:(____) _____

Work: (____) _____ Mobile:(____) _____ Pager:(____) _____ Other:(____) _____

Medical Profile

Generally, Participant's Health is: (Check One) ___ Excellent ___ Good ___ Fair ___ Poor

If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: Asthma ___ Sinusitis ___ Bronchitis ___

Kidney Trouble ___ Heart Trouble ___ Diabetes ___ Dizziness ___ Stomach Upset ___ Hay Fever ___

List any any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: ___ Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other _____

Date of Tetanus Immunization: ____/____/____

Family Physician _____ Phone(____) _____

Insurance Co. _____ Policy # _____

Subscriber Name: _____ Subscriber Number _____ Place of Employment _____

Subscriber Occupation: _____ Work Phone: _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, camp or event sponsors, or state conventions and their employees from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify LifeWay for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this camp or event or while on property leased or owned by LifeWay. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)-

Participant's Signature _____ Date: ____/____/____

Parent/ Guardian Signature _____ Phone (____) _____ Date: ____/____/____

Notary Acknowledgement (Notary: please affix seal to both sheets.)

State of _____ }

County of _____ }

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that

he/she executed the within instrument for the purposes therein contained.

Witness my hand this _____ day of _____, 20____.

Notary signature: _____

My commission expires: _____