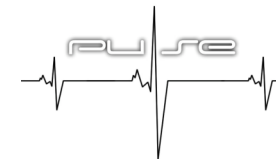




# BigStuf 2010 (Daytona Beach, FL) Event Registration Form



## STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First MI Last MM/DD/YY

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) email: \_\_\_\_\_  
(include service provider if you would like to receive text message updates)

School: \_\_\_\_\_ Grade (as of April, 2010): \_\_\_\_\_ T-shirt Size: small medium large x-large xx-large

Roommate Preference: \_\_\_\_\_  
we can't accommodate all roommate requests, but we'll try :)

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) email: \_\_\_\_\_

## MEDICAL/EMERGENCY INFORMATION

Is this student currently taking any medications: YES / NO  
 If YES, please explain reason and dosage: \_\_\_\_\_

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Can this student self-administer his/her medications: YES / NO

Health Insurance Provider: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_

**This registration form is only valid with a completed "REQUIRED PERMISSION FORM" (on reverse side or attached)**



REQUIRED PERMISSION FORM

newhope church
7619 Fayetteville Road
Durham, NC 27713

General Medical Release and Hold Harmless Agreement

Student Name: Address: City: Zip:
Home Phone: Emergency Phone: Contact Name:
newhope ministry: Trip Leader: Event Dates:

I, (parent) am the parent of legal guardian of (the "Student"), who desires to participate in various programs, events or activities (hereinafter collectively referred to as "Activities") operated or sponsored by newhope church (the "Church").

I understand and acknowledge that the Church will not allow the Student to participate in the Activities without releasing and holding the Church harmless from any liability arising out of participation on the Activities. I have investigated the risk involved in the Student's participation in the Activities and fully understand and assume such risks on my behalf. Specifically, I understand and acknowledge that the Student may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death.

I REQUEST THAT THE CHURCH ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE CHURCH, IT OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, RANSOM DEMANDS, COST OR EXPENSES OF ANY KIND, GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE STUDENT PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE STUDENT MAY SUSTAIN AS A RESULT OF HIS/HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I acknowledge and agree that I have given my consent for the Student to remain in the custody of the Church's representatives while participating in the Activities.

This agreement is binding on the Student's heirs, successors and personal representatives.

Initial

Medical Treatment Authorization and Power of Attorney

In the event the Student suffers an injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me and my spouse have been unsuccessful, I hereby appoint newhope church staff and/or representative as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for the Student concerning his or her personal care, medical treatment, hospitalization and health care. This power of Attorney and delegation of authority shall terminate when the Agent is first able to contact me or my spouse.

Initial

Photograph Release

Regarding photographs of the Student taken at any newhope church events, I give newhope church permission to do the following for non-profit use and without charge: use at the discretion of newhope church, display at a service or event or be used in a multimedia presentation, reprint and distribute for any newhope publication with copyright to accompany photo when used (for example, in newsletters, bulletins, etc.), display on the newhope website, or use quotes and video clips on the newhope website or on side-screens during worship celebrations.

Initial

The undersigned agrees to the above Initialed sections and this agreement is binding on my heirs, successors and personal representatives.

(Print Full Name) Parent or Legal Guardian Signature DATE