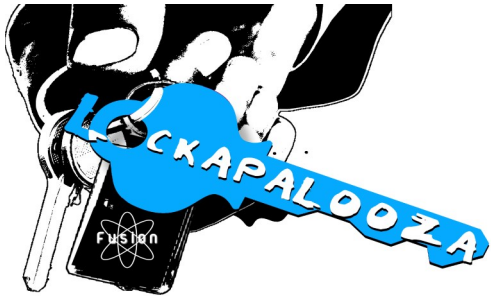


# MIDDLE SCHOOL LOCKAPALOOZA REGISTRATION



August 18-19, 2017  
\$65  
( Includes T-Shirt )

A completed Oakwood Medical Form  
is required for this event! **(on back)**

Student Name \_\_\_\_\_ Grade (2017-18 school year) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M / F T-Shirt (adult size) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student Cell # \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Student Email \_\_\_\_\_

Mom : \_\_\_\_\_ Cell # \_\_\_\_\_

Mom Email \_\_\_\_\_

Dad : \_\_\_\_\_ Cell # \_\_\_\_\_

Dad Email \_\_\_\_\_

Can your parent be a sponsor? Y or N

CIRCLE TIME YOU CAN HELP      7pm-11Fri      12am-3am Sat      3-7am Sat

Name: \_\_\_\_\_ Best Contact: Email / Phone

**Please Turn In This Form with a  
\$25 Deposit by Sunday, August 6**



# OAKWOOD BAPTIST CHURCH STUDENT MEDICAL FORM

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PARENT'S NAME: \_\_\_\_\_  
(FOR THOSE UNDER 18)

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALT. EMERGENCY CONTACT #: \_\_\_\_\_

List below any physical defects or conditions you have, such as allergies, nervousness, headaches, dysmenorrheal, etc. \_\_\_\_\_  
\_\_\_\_\_

**Should you at any time during the trip require medical attention, list any special instructions which you might require, such as being allergic to penicillin, having a rare blood type, etc.** \_\_\_\_\_  
\_\_\_\_\_

CURRENT IMMUNIZATION STATUS: Tetanus \_\_\_\_\_ Polio \_\_\_\_\_

**MEDICAL INSURANCE: Company Name & Policy Number**

\_\_\_\_\_

\_\_\_\_\_

## Permission for Medical Treatment

To Be Filled Out By Parents or Guardians of Young People Under 18 Years

I, \_\_\_\_\_, the parent and/or guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to go on **any trips sponsored by Oakwood Student Ministry while they are an active participant in this ministry.**

I further expressly grant my permission for my child to participate in all activities while on the trip. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to Oakwood Baptist Church, its representatives, or the sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I, the undersigned parent and/or guardian of \_\_\_\_\_, a minor, do release, acquit, discharge, and covenant to harmless Oakwood Baptist Church or its representatives, or the sponsors, or any attending physician, from any and all actions, causes of actions, damages or liabilities arising out of the treatment of any sickness or accident, and from any financial responsibility for all medical treatment provided during the attendance of any/all trips.

\_\_\_\_\_  
SIGNATURE

## Photograph/Video Notice

I understand that as a participant in the Oakwood Student Ministry, my child may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials for OSM (i.e. Website, posters, flyers).

\_\_\_\_\_  
SIGNATURE