



MPact Girls & Royal Rangers Annual Registration Form



Name _____ Birth Date ____ / ____ / ____ Age _____

Address _____ City _____ Zip _____

Parent's/Legal Guardian Name & Relationship _____

Lives with: Both Parents Father Mother Guardian Email _____

Home Phone _____ Father's Cell _____ Mother's Cell _____

Emergency Name _____ Emergency Phone Number _____

To Whom We May Release Your Child _____

School Attending _____ Grade _____

Permission to Participate & Release of Liability

I give my permission for my son/daughter _____ to participate in all activities and functions of Wenatchee First Assembly Children's Ministries. I consent and agree to indemnify and hold harmless **The Northwest Ministry Network of the Assemblies of God and Wenatchee First Assembly of God**, their agents, employees, or volunteer assistants from all claims that I or they might have arising out of my child's participation in this program which is over and above that which is covered by insurance.

Parent's / Guardian's Signature _____ Date _____

Emergency Medical Care & Treatment

If it should become necessary for my child to receive medical treatment for any reason, I understand that the medical insurance policy of **The Northwest Ministry Network of the Assemblies of God and Wenatchee First Assembly of God** acts in a primary position only when the participant is not already covered by insurance. Consequently, I agree to submit claims first to my insurance company and then to the insurance company for **The Northwest Ministry Network of the Assemblies of God and Wenatchee First Assembly of God**.

I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the program which is over and above that which is covered by insurance.

In addition, I authorize and consent to all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and when it is not advisable to take time to contact me in advance. I waive my right to "informed consent" for such treatment.

Moreover, I understand that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request **The Northwest Ministry Network of the Assemblies of God and Wenatchee First Assembly of God** personnel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my child can be safely transported to a doctor or hospital.

Insurance Information

Medical Insurance Company _____

Name of Insured _____

Family Physician _____ Office Phone _____

NOTE: Wenatchee First Assembly Insurance is a secondary policy. Your insurance needs to make a determination regarding the claim, then the church policy will respond.

Parent's / Guardian's Signature _____ Date _____

**Additional Medical
Information on
the Reverse Side** 

Confidential Health History & Current Medical Information

Allergies / Adverse Reaction

Bees/ Wasps Penicillin Hay Fever Dairy Food _____

Medication _____ Other _____

Current Medication / Dosage

Inhaler - Bring Wednesday Nights & Events? _____

Epi Pen - Reason: _____

Other: _____

Current Health Conditions / Concerns

Explain _____

Health History - Please Check ALL that Apply

Asthma Diabetes Heart Condition Appendicitis Hernia Epilepsy Fainting

Other _____

Explain _____

Date of Last Tetanus Shot _____

Significant Injuries or Operations _____

Restricted Activities for Any Reason _____

Contagious Disease _____

Other _____

Media Permission

I grant permission to Wenatchee First Assembly to use my child's name and/or photographs for use in Wenatchee First Assembly publications, brochures and newsletters, and to use my child's name and/or photographs in electronic versions of the same publications or on the Wenatchee First Assembly website or other electronic forms or media.

Parent's / Guardian's Signature _____ Date _____