

# Registration Form

PLEASE COMPLETE FORM (ONE PER REGISTRANT) AND PRINT CLEARLY:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate/Year \_\_\_\_\_

BMPC Member     Nonmember    Grade (Fall 2007) \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Amount _____	Rcvd _____
Check # _____	Date _____

If nonmember, please indicate home church: \_\_\_\_\_

I Plan to Attend the following: (*Checks payable to BMPC*).

**Philly Mission Trip**

Middle School - July 13 - 18

High School - July 6 - 11

("Early Bird" price \$400, \$450 after March 31, 2008)

Cost: \$ \_\_\_\_\_

**REGISTRATION DEADLINE FOR CAMP: Late Deadline is May 1, 2008**

**There will be no refunds after the deadline date.**

Remit FULL Nonrefundable Payment (*remit one check for all camps*) and send with Completed Registration/Health Form to: Youth Administrative Assistant, BMPC, 625 Montgomery Avenue, Bryn Mawr, PA 19010, (610) 525-2821 (x847).

## HEALTH FORM FOR 2008

Student's Birthdate \_\_\_\_\_ Parent OR Guardian's E-mail: \_\_\_\_\_

Guardian \_\_\_\_\_ W ( ) \_\_\_\_\_ H ( ) \_\_\_\_\_  
Guardian phone \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency contact person (*if parent/guardian is unable to be reached*) \_\_\_\_\_ W ( ) \_\_\_\_\_ H ( ) \_\_\_\_\_  
Emergency phone \_\_\_\_\_

Physician \_\_\_\_\_ Office location \_\_\_\_\_ ( ) \_\_\_\_\_  
Office number \_\_\_\_\_

## INSURANCE INFORMATION

Name of Insurance Policy Holder \_\_\_\_\_

Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

## HEALTH INFORMATION (check any that apply)

- Diabetes     Orthopedic problems     Cardiac problems     Sleepwalking     ADD     Dizziness/Fainting/Blackouts  
 Asthma     Epilepsy     Chronic Bed Wetting     Mental Health Problems     ADHD     Stomach Problems  
 Motion Sickness     Eating Disorders (please explain): \_\_\_\_\_

(*If applicable*) Has your daughter had her first menstrual period?    Yes  No

**SPECIAL MEDICATION:** This information will be kept confidential. It is **very important** that you list **all medications** that the student/leader is currently taking. Please specify any medication(s) you are currently taking, the dosage and how often they should be administered: \_\_\_\_\_

**ALLERGIES (check):**

**Reaction (describe):**

**Treatment (medication/dosage):**

_____ Aspirin	_____	_____
_____ Penicillin	_____	_____
_____ Sulfa	_____	_____
_____ Insect stings	_____	_____
_____ Tetracycline	_____	_____
_____ Other medication	_____	_____
_____ Food allergies	_____	_____

Please indicate "yes" or "no" to give your permission to administer the following to the participant:

- Acetaminophen     Tylenol     Ibuprofen     Benadryl

*Please Complete Both Sides of this Form!*

**Philly Mission Trip 2008 PERMISSION FORM**

**Please complete both sides of this form and return it along with full payment to:  
Lynn Fleming at Bryn Mawr Presbyterian Church (please note deadlines listed on back).**

I hereby assume responsibility for and give permission for my son/daughter \_\_\_\_\_ to attend the following Camp sponsored by Bryn Mawr Presbyterian Church. *(Please check all that apply):*

**Philly Mission Trip:  
Registration Deadline is May 1, 2008  
\$400 (before March 31, 2008)  
\$450 (after March 31, 2008)**

I understand and agree that neither Bryn Mawr Presbyterian Church nor any of its representatives, including Youth Leaders, nor any of their owners or employees (collectively the "Released Parties"), take responsibility for accidents and/or injuries which may occur during the camp, including transportation. I further understand and agree that the Released Parties shall not be or become liable to any person for any loss, injury or damage to any person or property arising out of or resulting from any aspect of these camps, including transportation, and I further release the Released Parties from any such liability. I also give my permission for my child's image to be used for in-church publications (i.e. Messenger, e-News, web site).

Signature of parent or guardian: \_\_\_\_\_

Name of parent or guardian (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of youth: \_\_\_\_\_

Name of youth (please print): \_\_\_\_\_ Youth E-mail: \_\_\_\_\_

**PERMISSION FOR EMERGENCY TREATMENT**

Since minors may not, as a rule, be administered medical treatment without the written consent of a parent or guardian, we are requesting that parents or guardians also sign the following statement. This may help to prevent a dangerous delay in case a medical emergency arises whereby medical treatment during camp, including transportation, is necessary.

In the event of illness or injury to \_\_\_\_\_ I hereby authorize any of the BMPC Youth Leaders who accompany my son/daughter on any of these Camp trips, including transportation, to obtain such medical treatment as any of such person deems necessary under the circumstances and, where required, to give consent for such medical treatment as may be necessary to the same extent and with the same effect as though I had given it myself.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of parent or guardian

Emergency Telephone Numbers

Home: (        ) \_\_\_\_\_

Work: (        ) \_\_\_\_\_

Parent's OR Guardian's CELL: (        ) \_\_\_\_\_