

# Wabash Children's Lock-In

Kids Grades 3- 6

April 26-27  
7pm - 3pm



COST: \$30  
Per Child

## REGISTRATION FORM / MEDICAL INFO

(Wabash Lock-In)

Name \_\_\_\_\_ FMC Church \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Child's Grade \_\_\_\_\_

Medical Information – (To be completed by Parent or Legal Guardian)

Child's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Doctor \_\_\_\_\_ Dr's business phone \_\_\_\_\_

Does your child have any chronic or existing diseases or medical problems? (ex: diabetes, epilepsy) \_\_\_\_\_

If "yes" please explain \_\_\_\_\_

Does your child require regular medication? \_\_\_\_\_ If yes please explain. \_\_\_\_\_

Is your child allergic to any foods or medicines? \_\_\_\_\_ If yes please explain. \_\_\_\_\_

Who are you insured through? (ex. Employer) \_\_\_\_\_

Your health insurance company \_\_\_\_\_

Insurance company's claims address \_\_\_\_\_

Member's name \_\_\_\_\_ Identification # \_\_\_\_\_

Benefit code \_\_\_\_\_ Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

The date of your child's last tetanus shot was \_\_\_\_\_

### Medical and Liability Release

**(Please read carefully and print appropriate answers in blanks) This must be signed and dated by parent/guardian.**

I, \_\_\_\_\_, the legal custodial parent or guardian of \_\_\_\_\_, who desires to voluntarily participate in the **(Wabash Lock-In)**, assume all responsibility for any accidents or other mishaps, including, but not limited to, serious bodily injury, permanent disability, and/or death, with respect to my child, and I hereby waive my right and child's right to any claim, cause of action, and/or the right to file a law suit, and further release the Light and Life Free Methodist Church, the Wabash Conference of the Free Methodist Church, the Free Methodist Church of North America, and the directors, officers, sponsors, employees, agents, and volunteers of each entity from any and all responsibility or liability of any nature whatsoever for any loss or damage to my child's property or person, including personal injury and/ or death sustained on **(Wabash Lock-In)** described above.

This instrument shall be binding upon the relatives, personal representatives, heirs, beneficiaries, next of kin or assigns of the above-named child and shall inure to the benefit of the organizations named as well as their directors, officers, sponsors, employees, agents, volunteers, successors and assigns.

I have carefully read this *Waiver & Release of Liability & Permission for Treatment* and by my signature, I am stating that I understand, and accept all of its provisions, and understand that I am giving away substantial legal rights for both my child and myself and have the appropriate authority to execute this *Waiver & Release*.

I also give permission to the Director of Children's Ministries and/ or volunteer sponsor of the **(Wabash Lock-In)** to order x-rays, routine tests and treatment for my child if I cannot be reached in an emergency. I further give permission to hospitalize, secure treatment, and order injections, anesthesia, or surgery for my child named above.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to: **Wabash Conference**

Mail to: Wabash Park Camp & Retreat Center  
C/O Deana Hayes  
304 E. County Road 650 S  
Clay City, IN 47841