



PROJECT 10:45

MARCH 12-14, 2010

Student Registration Form

This form MUST be received for EVERY student participating.

Student's Name: _____ Gender: M F Grade: _____
Birthday: ____ / ____ / ____ T-shirt Size: (adult sizes) S M L XL XXL XXXL
Home Address: _____ City: _____
Parent/Guardian's Name(s): _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____ Church: _____
Emergency Contact: _____ Relationship: _____ Phone: _____
Physician's Name: _____ Phone: _____ Last tetanus shot: _____
Insurance Company: _____ Member #: _____ Group #: _____
Allergies: (foods/medicines/insects, etc.): _____
Will the student need to take any medications the weekend of the event? Yes No
If yes, please list medications and dosages: _____
Any medical issues/special needs: _____
I give my permission for the following over-the-counter medication(s) to be given if needed:
__Tylenol __Ibuprofen __Aspirin __Pepto-Bismol __Antihistamines
Preference for crew assignment (1 for first choice, etc.): __Painting __Carpentry __Yard work

Permission/Release

By signing the line below, I give my permission for my child to attend PROJECT 10:45 at South Effingham Community Church on March 12-14, 2010. In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. I also agree to release South Effingham Community Church, GAP Ministry, and all affiliated with PROJECT 10:45 from all legal responsibility for any injuries sustained.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

By signing the line below, I give my permission for my child's picture, video, and/or comments to be used in publicity and advertising in connection with this event.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____