



STUDENT REGISTRATION

March 9, 2024

First Assembly of God – Waupaca, WI

Sponsored by Discipleship Ministries

Wisconsin/No Michigan Ministries Network

Participant Information:

Full Name: _____ Nickname: _____
 Address: _____ Home Phone: _____
 City/State/ZIP: _____ Birthday: _____ Grade: _____
 Home Church: _____
 Parent(s): _____ Liveswith? Both Parents Mother Father
 Cell Phone: _____ Sex: M F

Medical Information:

Physician's Name & Phone: _____
 Health Insurance Co. & Policy: _____
Known Allergies: _____
 Current or Chronic Conditions: _____
 Medications Now Taking: _____
 Are immunizations current? Yes No Is Tetanus current? Yes No Blood Type: _____
 Is there anything that prevents or restricts student's participation? Yes No If yes, explain: _____

IN CASE OF EMERGENCY, IF PARENT IS NOT AVAILABLE, PLEASE CONTACT:

Name: _____ Relationship to Student: _____
 Address: _____ Cell Phone: _____

Medical/Liability & Model Release—Valid March 9, 2024:

In the event of sickness, injury or some medical emergency, I/we request that my/our child receive any medical attention or treatment deemed necessary. Therefore, I/we the parent(s)/guardian(s) give permission to any hospital, doctor, and/or health care provider to transport, treat, and/or admit for care my/our child. In the event that I am/we are not present at the time of the emergency, my/our child's care has been entrusted to the staff and designated ministry leadership of

_____ of _____,
NAME OF CHURCH CITY/STATE

while attending 2024 SPARK – Waupaca First.

I/we also release _____ and Discipleship Ministries of Wisconsin/N. Michigan Ministries
NAME OF CHURCH

Network and First Assembly of God in Waupaca, Wisconsin, its agents, assigns, staff, employees as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness or death which may be sustained by my/our child as the result of any participation in 2024 SPARK – Waupaca First or related functions or activities.

I/we also grant permission for my/our child to be filmed, videotaped, audiotaped or photographed by any means and grant permission for full use of their likeness, voice and words without compensation.

Signature of Parent(s)/Guardian(s): _____ **Date:** _____