

Competitive Edge

Presented by Splash Student Ministries

Registration Form

April – May 2017

Student's Name: _____ DOB: _____ School Year: _____
Address: _____ Phone(s): _____
Email: _____ School: _____

Parent/Guardian #1: _____ Phone(s): _____
Address: _____ Email: _____

Parent/Guardian #2: _____ Phone(s): _____
Address: _____ Email: _____

Non Parent/Guardian Emergency Contact #1: _____
Relationship: _____ Phone(s): _____

Non Parent/Guardian Emergency Contact #2: _____
Relationship: _____ Phone(s): _____

Student's Medical Information

Physician's Name: _____ Practice Name: _____
Phone(s): _____ Fax: _____

List all medications the student will take during Competitive Edge. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Please include if your child carries an EpiPen for allergies. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult student leader in their original containers with complete dispensing instructions before the start of the event. Students are not permitted to carry any prescription or non-prescription medication during After Hours. If this occurs, the student will be sent home immediately at the parent/guardian's expense.**

Medication Name	Dose Treatment for	Dispensing instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

Over-the-Counter Medication Permission: Do you give permission for your child to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at After Hours?

No. Contact me or get medical help if my child has any minor medical concerns.

Yes. I give permission for an adult student leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent/Guardian Signature _____

Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions of student (asthma, knee injury, epilepsy, wears contacts, etc.):

2. List any allergies and the severity and type of reaction (drug/medicine, food, environmental):

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

Parental Consent (read and sign below)

The undersigned does hereby give permission for my child _____ (student's name) ("Participant"), to attend and participate in Competitive Edge during the spring of 2017.

LIABILITY RELEASE: In consideration of Brunswick United Methodist Church ("**BUMC**") allowing the Participant to participate in Competitive Edge, I, the undersigned, do hereby release, forever discharge and agree to hold harmless BUMC,

its pastors, employees, and volunteers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in Competitive Edge. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in Competitive Edge. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

TRANSPORTATION AND EARLY RETURN HOME POLICY: Participants must have a parent/guardian present before they are allowed to leave Competitive Edge unless otherwise permitted by parent/guardian. My child has permission to (mark all that apply):

1. Leave Competitive Edge with the following adults (other than parents/guardians): _____

2. Leave Competitive Edge with the following minors (as drivers): _____

3. Walk home from Competitive Edge
4. Drive home from Competitive Edge

Other special permissions are allowed by providing a note signed by parent/guardian. Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

PHOTO PERMISSION: During Competitive Edge, staff or volunteers will sometimes take photos or video of students participating in various activities. These images may be used by BUMC for online and/or print publications. Students will not be identified by name in publications.

Yes. I give permission for my child's photos to be used as described.

No. I do not want such images published of my child.

X _____

Signature of Parent/Guardian

Date

Competitive Edge will meet for 6 consecutive weeks for 6th-12th grade students who are interested in sports, health, fitness, and competition. We discuss how to keep ourselves healthy—physically and spiritually—and compete in weekly challenges. We will be meeting in the youth room at Brunswick United Methodist Church on Wednesdays from 6:30-8pm, beginning April 5th and ending May 10th. In order to create a safe space for students, there are rules which we expect all students to follow. These rules exist so that every student can have the best experience possible while attending Competitive Edge.

I, _____ (student's name), agree to follow all written and verbally communicated rules while attending Competitive Edge.

X _____
Signature of Student Date

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