

**Moose Creek Baptist Church
Homeschool Co-op
Effective Dates: September 10, 2021—May 20, 2022**

FAMILY INFORMATION

Parent(s)/Guardian(s): _____

Primary Phone: _____ Secondary _____

Phone: _____

Email _____

Address: _____

Address/City/State: _____

Emergency Contact (name/number): _____

Relationship to _____

Student _____

Student Information

Full Name: _____

DOB: ____/____/____ Age: _____

Allergies or Medical _____

Conditions: _____

Other _____

Information: _____

Student Information

Full Name: _____

DOB: ____/____/____ Age: _____

Allergies or Medical _____

Conditions: _____

Other _____

Information: _____

Student Information

Full Name: _____

DOB: ____/____/____ Age: _____

Allergies or Medical _____

Conditions: _____

Other _____

Information: _____

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Student Information

Full Name: _____

DOB: ____/____/____ Age: _____

Allergies or Medical
Conditions: _____

Other
Information: _____

Student Information

Full Name: _____

DOB: ____/____/____ Age: _____

Allergies or Medical
Conditions: _____

Other
Information: _____

Student Information

Full Name: _____

DOB: ____/____/____ Age: _____

Allergies or Medical
Conditions: _____

Other
Information: _____

OFFICE USE ONLY

Registration form received on ____/____/____

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MEDICAL/LIABILITY RELEASE

THIS CONSENT FORM GIVES PERMISSION TO SEEK WHATEVER MEDICAL ATTENTION IS DEEMED NECESSARY, AND RELEASES MOOSE CREEK BAPTIST CHURCH AND ITS STAFF OF ANY LIABILITY AGAINST PERSONAL LOSSES OF NAMED CHILD. I/WE THE UNDERSIGNED HAVE LEGAL CUSTODY OF THE STUDENT NAMED ABOVE, A MINOR, AND HAVE GIVEN OUR CONSENT FOR HIM/HER TO ATTEND EVENTS BEING ORGANIZED BY MOOSE CREEK BAPTIST CHURCH. I/WE UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED IN ANY MINISTRY OR ATHLETIC EVENT, AND I/WE HEREBY RELEASE MOOSE CREEK BAPTIST CHURCH, ITS PASTORS, EMPLOYEES, AGENTS, AND VOLUNTEER WORKERS FROM ANY AND ALL LIABILITY FOR ANY INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY THAT MAY OCCUR DURING THE COURSE OF MY/OUR CHILD'S INVOLVEMENT. IN THE EVENT THAT HE/SHE IS INJURED AND REQUIRES THE ATTENTION OF A DOCTOR, I/WE CONSENT TO ANY REASONABLE MEDICAL TREATMENT AS DEEMED NECESSARY BY A LICENSED PHYSICIAN. IN THE EVENT TREATMENT IS REQUIRED FROM A PHYSICIAN AND/OR HOSPITAL PERSONNEL DESIGNATED BY THE CHURCH, I/WE AGREE TO HOLD SUCH PERSON FREE AND HARMLESS OF ANY CLAIMS, DEMANDS, OR SUITS FOR DAMAGES ARISING FROM THE GIVING OF SUCH CONSENT. I/WE ALSO ACKNOWLEDGE THAT WE WILL BE ULTIMATELY RESPONSIBLE FOR THE COST OF ANY MEDICAL CARE SHOULD THE COST OF THAT MEDICAL CARE NOT BE REIMBURSED BY THE HEALTH INSURANCE PROVIDER. FURTHER, I/WE AFFIRM THAT THE HEALTH INSURANCE INFORMATION PROVIDED ABOVE IS ACCURATE AT THIS DATE AND WILL, TO THE BEST OF MY/OUR KNOWLEDGE, STILL BE IN FORCE FOR THE STUDENT NAMED ABOVE. I/WE ALSO AGREE TO BRING MY/OUR CHILD HOME AT MY/OUR OWN EXPENSE SHOULD THEY BECOME ILL OR IF DEEMED NECESSARY BY THE STUDENT MINISTRIES STAFF MEMBER.

Parent/Guardian Signature: _____

Date ____/____/____

Parent/Guardian Signature: _____

Date ____/____/____

PLEASE NOTE THE EFFECTIVE DATES OF THIS DOCUMENT: If the student's medical information changes during the period, the parent/guardian will be expected to update this form prior to the student participating in any Church activities.