



Regional Assembly

Child Registration (Grade K-6)

April 20, 2018
9:30am – 2:30pm

Held at Quality Inn & Suites, Hannibal, MO

Participant Name: _____ Preferred Nickname: _____

Sex: (M/F) Age: _____ Date of Birth: _____

Participant Address: _____ City/State/Zip: _____

Home Telephone: (____) _____ Participant E-mail Address: _____

Local (DOC) Congregation Name & City _____

Guardian's Name: _____ E-mail: _____

Complete Address (if different from Participant): _____

Daytime Phone: (____) _____ Cell/Other Phone: (____) _____

If Parents/Guardians are unavailable in emergency, notify (name): _____

Relationship to Participant: _____

Daytime Phone: (____) _____ Cell/Other Phone: (____) _____

Do you have any dietary restrictions? _____

Please list any severe allergies _____

Please list any medications _____

Other information we should know _____

Congregations must send one adult chaperone for every 1-4 children.

Chaperones should complete the regular Assembly registration form and Adult sponsor form.

Releases and Authorizations: please check to be sure all signatures and initials are completed below

This Registration is correct and complete as far as I know. The person herein named as “participant” has permission to engage in all activities except as noted. I hereby give permission to event leaders to provide, seek, and consent to routine health or dental care, administration of prescribed medication, and emergency treatment for me/my child, as may be deemed necessary, including but not limited to x-rays, routine tests, and treatment, and/or hospitalization. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. It is my intention that event leaders be treated as acting in loco parentis if the person herein named is a minor and the parent/guardian is not present. Further it is my intention that the appropriate event representatives be treated as “personal representatives” for the purposes of disclosing protected health information pursuant to the Health Insurance Portability and Accountability act of 1996. I hereby agree to the disclosure to these representatives of the protected health information of the person herein described, as necessary; (1) to provide relevant information to event representatives related to the person’s ability to participate in activities; and (2) in the case of minors, relevant information to event representatives to keep me informed of my child’s health status. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by event leaders to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Please initial Medication, Transportation and Photography Releases:

____1. We/I authorize staff to administer over-the-counter medicine to our/my child for minor pain, headache, upset stomach, sore throat, cold symptoms, or allergy.

____2. We/I give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Mid-America Disciples (DOC).

____3. We/I give permission for our/my child to be photographed, video or audio taped and understand that these photos, videos, or recordings may be used in Mid-America of the Christian church (DOC) newsletters, promotion or other print, digital or internet publications.

Parent signature_____

Printed name_____

Date_____

Please include a copy of both sides of your insurance card

Please complete and return to our office via email to smoore@eden.edu, fax to (314) 918-2529, or mail to CCMA, 475 E. Lockwood Ave., St. Louis, MO 63119.