

# Pilot Mountain Baptist Association

# 2018 FALL RETREAT

## Registration & Medical Release Form

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Church: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female T-shirt size: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone# \_\_\_\_\_

I (We) \_\_\_\_\_ (parent(s)/guardian(s)) of \_\_\_\_\_ (student) hereby grant to the adult chaperones of our church, permission to obtain emergency medical treatment for my child if necessary while on Associational Fall Retreat at Ridgecrest Conference Center, November 16-18, 2018. We further, do hereby release, and forever discharge all sponsors and Pilot Mountain Baptist Association from any and all claims, demands, actions or cause of action, past present, or future arising out of any damage or injury while participating in the event.

### Photography/images Use Policy

I/We hereby authorize The Pilot Mountain Baptist Association to utilize my student's photographic image in marketing and advertising efforts of The Association, including but not limited to, print advertisements as well as electronic communications.

Parent/Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

### ALL FORMS MUST BE NOTARIZED!



### Notary

\_\_\_\_\_ County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document for the purpose stated therein and in the capacity indicated: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Official Signature of Notary

Notary's printed or typed name, \_\_\_\_\_

(Official Seal)

My commission expires: \_\_\_\_\_