

EACH PARTICIPANT MUST COMPLETE THIS FORM



PARTICIPANT FORM

NOTE: ALL MISSION SERVE PARTICIPANTS AND LEADERSHIP must complete this form to be eligible to participate in a Mission Serve Project. Students under 18 years of age must have the signature of a parent and the form notarized. ALL SELECTIONS MUST BE COMPLETE FOR ELIGIBILITY. Group leaders are responsible for submitting this entire form at the project. Please have each member of your group complete a participation form, make a copy for your files and bring the original to the Project.

PARTICIPANT INFORMATION

PLEASE PRINT LEGIBLY

Name (Last) _____ (First) _____ Date of Birth _____ Age ____ Sex ____ Grade Completed _____
Home Address _____ City _____ State _____ ZIP _____
Phone _____ Email _____ Your Church _____
Church Address _____ City _____ State _____ ZIP _____

In Case of Emergency, contact (must be a family member - List 2)

Name _____ Cell # _____ Day # _____ Night # _____
Name _____ Cell # _____ Day # _____ Night # _____

Project Location: _____ Project Date: _____

MEDICAL INFORMATION

Generally, my health is (Check One) [] Excellent [] Good [] Fair [] Poor

If Fair or Poor, please explain your condition _____

List any medical difficulties for which you are CURRENTLY being treated _____

List any medication you are CURRENTLY taking _____

List any medicines or substances to which you are ALLERGIC _____

Family Physician _____

Physician Address _____ Physician Phone _____

Date of Last Tetanus Immunization _____

Attach Copy of Insurance Card

Insurance Company _____ Policy or Group # _____

Address _____ City _____ State _____ ZIP _____

Subscriber Name _____ Subscriber Number _____

Place of Employee _____ Subscriber Occupation _____ Work Phone _____

AUTHORIZATION FOR TREATMENT/RELEASE OF ALL CLAIMS

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the Mission Serve, Inc. Project Coordinator and the physician or hospital staff during the Mission Serve, Inc. Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, officers, employees and agents of Mission Serve, Inc. from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. I hereby give Mission Serve, Inc. the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after the Mission Serve, Inc. Project. I hereby give Mission Serve, Inc. permission to contact me via mail, email or phone about the latest news and info. Mission Serve, Inc. will not sell email addresses to third parties.

--- PLEASE COMPLETE AND SIGN BELOW (STUDENTS UNDER 18 YEARS OF AGE REQUIRES PARENT/CUSTODIAL SIGNATURES) ---

Participant Signature _____ Date _____

Father/Custodial Parent Signature _____ Phone _____ Date _____

Mother/Custodial Parent Signature _____ Phone _____ Date _____

NOTARY PUBLIC (FOR PARTICIPANTS 17 YEARS OF AGE AND YOUNGER)

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date _____

_____, Notary Public

My commission expires _____