

Jr. Jam Event Registration Form

Circle One: Jam 1-2 Jam 3-4 Jam 56: Super Size Sunday

Event Description: _____

Participant Information:

Name: _____

Address: _____ Phone 1: _____ Phone 2: _____

Emergency contact: _____ Phone 1: _____ Phone 2: _____

Known allergies or medical conditions: _____

Physician: _____ Phone: _____

Is sponsor authorized to approve medical treatment? _____ Yes _____ No

Is participant covered by personal/family medical insurance? _____ Yes _____ No

If yes, name of insurer: _____

Policy or group number: _____

Please attach a copy of insurance card.

Parent's Information:

Names: _____

Are you available to stay and be a partner with this ministry event? _____ Yes _____ No

If not, please provide your phone # during this event: _____

Guest Information:

Name: _____

Grade: _____ Parent's Names: _____

Address: _____ Phone: _____

Agreement:

In consideration for the opportunity in the above activity, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity or during transportation to and from the activity.

Further, the participant (or parent/guardian) releases from liability and promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, ministry partners/volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related directly or indirectly out of the described activity or transportation to and from the activity. Acts or actions by the sponsor adjudged to arise from gross negligence are excepted from the forgoing release and indemnity.

Signature: _____ Date: _____

(Participant or parent/guardian if participant is a minor)