



DUE MAY 9TH

June 29- July 2, 2017
Individual Registration Form

Student Name: _____ M _____ F _____
Student Cell: _____ Home Church: _____
Home Church Leader Name: _____ Leader Cell: _____
Parent/Legal Guardian Name: _____
Phone (Home) _____ (Cell) _____
(in case of emergency we will use this #)
Address: _____ City: _____
State: _____ Zip: _____ Email: _____
T-shirt Size (adult sizes): _____ Grade in '17-'18: _____ Years I've attended SOS: _____
Would like to room with: _____, _____
(please choose 2 roommates, we will try our best to honor this, but cannot guarantee placement)

My student will be leaving SOS over the weekend for a previous engagement

Please keep these limited to summer school or require activities, if it's at all possible for you to be here, then really BE HERE, not in and out! A work matrix and schedule will be available for your viewing during registration. It is the parent responsibility to provide transportation to and from all non-SOS engagements.

Reason for leaving: _____
Date: _____ Time Leaving: _____ Time Returning: _____

My student enjoys artistic projects: Yes _____ No _____

Medical Concerns/Accommodations needed: _____

If medication will be given at SOS this medication will be given by: SOS Nurse _____ Church Leader _____
(please keep medication in original bottles)

Breakfast Medication (name, frequency, and dose) _____

Lunch Medication (name, frequency, and dose) _____

Dinner Medication (name, frequency, and dose) _____

Bedtime Medication (name, frequency, and dose) _____

Immunizations are up to date: Yes _____ No _____ If No is checked please explain: _____

Food Allergies/Dietary Concerns: _____

Note: Friday lunch will be Chick-Fil-A; Saturday will be Peanut Butter and Jelly sandwiches
If your student has a food allergy there will be a station for them to pack peanut/gluten free items each morning before they leave for worksites.

I/We the undersigned, parent or legal guardian for the above-name child, do hereby give permission to Summer of Service Student Weekend ("SOS") and its representatives to obtain any necessary medical treatment for my child during the conduct of any program, ministry, or activity sponsored by SOS. In case of injury I/We authorize SOS personnel to transport the camper to obtain appropriate medical care. I/We give permission for the physician or other medical personnel to hospitalize, secure appropriate treatment for, to order injection, anaesthesia, x-rays, imaging, surgery, or other treatment or procedures deemed necessary for the camper named herein. I/We agree to pay for all costs associated with said medical treatment. I/We give permission for my child to receive over the counter medication if needed and without notification (most commonly, but not limited to Tylenol, Ibuprofen, antacids, Benadryl, cortisone topical creams, and cold remedies) for the relief of mild aches and pains. For and in consideration of SOS allowing my child to participate any SOS event, the undersigned, for himself/herself, assigns, heirs, and next of kin ("Releasers"), release, waive, discharge, and covenant not to sue SOS or their employees, officers, members, elders or agents ("Releasees"), on account of injury or death to my child or injury to the property of my child, whether caused by the negligence of the Releasees or otherwise, while my child is participating in a SOS event. As the parent/legal guardian, I/we are responsible for becoming fully aware of the risks and other hazards inherent in the SOS events in which my/our child will participate. Understanding this obligation, I/we permit my/our child to participate in SOS events, and I/we voluntarily assume all risks involved in the SOS events and all other risks of loss, damage, or injury that may be sustained by my child while participating in a SOS event.

Insurance Company Name: _____ Policy #: _____ ID #: _____
Family Dr.: _____ Phone #: _____

The undersigned warrants that he/she has fully read and understands this liability release agreement and voluntarily signs the same, and that no oral representations, statements, or inducements apart from the foregoing written agreement have been made to the undersigned. This medical treatment form and liability release shall remain valid and enforceable from the date listed below until I withdraw my consent/release by providing written notice to SOS.

I DO _____ DO NOT _____ give permission for SOS to use pictures/video footage of my child as they deem appropriate for SOS Student Weekend marketing and promotion.

Signature of parent or legal guardian (REQUIRED)

Date