

Heartland Activity Registration and Transportation Form



Select one:

- Elementary Student (Kind – 6th)
- Jr/Sr High Student (7th thru 12th)
- Adult

Note: We are changing from a form that expires each year to an undated form that does not expire. If any of your personal information on this form changes, please contact the church office.



Name: _____ Date of Birth: _____ Grade: _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Student Cell Phone: _____ (kept confidential)
School: _____



Parents/Guardians Information (for Jr/Sr High or Elementary) – Spouse Info for adults

Names: _____
Address(if different): _____ City/State/Zip: _____
Mom's Cell Phone: _____ Dad's Cell Phone: _____
Email: (to keep you informed of events) _____

Is it ok to send text messages to the above cell phone numbers (students & parents)?

Emergency Contact (name/phone numbers/relationship) _____
(Please list someone in addition to the parents/guardians or spouse listed above)



Health Information and Release – Parent/Guardian Signature required

Name of Doctor: _____ Phone Number: _____

Please list any health issues we should be aware of when taking your child or yourself on this trip, such as allergies, asthma, epilepsy, diabetes, or other illnesses: _____

List medications used: _____ Date of last Tetanus shot: _____

I hereby authorize and give permission to the Heartland Evangelical Free Church, its agents and employees, to transport my child to such physician and/or hospital as they may select, and to authorize and secure such hospitalization, treatment, surgery, and/or medications for my child as they or health care professionals involved may deem necessary for my child's well being, and to hold harmless the Heartland Evangelical Free Church, its agents and employees; with respect thereto.

I release the Heartland Evangelical Free Church, its agents and employees from any and all liability due to injury or accidental death while my child is a participant in church activities sponsored. I authorize use of photographs, and/or video and sound recordings of my child during church sponsored activities for church purposes. (adult signing for self – substitute the word "me" for "my child" where appropriate)

Health Insurance Company _____ Policy/Group # _____

Drug Prescription Card: (Mark only what applies to your plan) Phone Help Line# _____

BIN# _____ PCN# _____ Rx Group _____ ID _____



Parent/Guardian Signature

By submitting this form, we (parents and students) agree to abide by all rules and guidelines. If any information changes, we will contact the church and make necessary changes.



Date _____