

DNOW 2020 STUDENT REGISTRATION FORM

All fields must be complete.

LAST NAME _____ FIRST NAME _____

GENDER _____ AGE _____ GRADE _____

SCHOOL _____

PHONE NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHURCH ATTENDING WITH _____

YOUTH LEADER _____

TSHIRT SIZE (ADULT) S M L XL XXL

Circle Correct Size

** I HAVE READ THE EVENT RULES AND AGREE TO ABIDE BY THEM.

SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

PERMISSION SLIP & MEDICAL RELEASE FORM

As a parent/legal guardian of _____, I have reviewed the information about the DNOW 2020, and give permission for the subject of this release to be involved in the overall activities on August 14 and August 15, 2020. I/we, the parent(s) and/or legal guardian(s) of the student named above, a minor, do hereby acknowledge that the said minor is presently under my care, custody, and/or control. In the event an emergency arises during this DNow Event in which I/we the parent(s) and/or legal guardian(s) are not present, necessitating any medical attention, I/we hereby consent and give permission to Maysville Baptist Church, its leaders, employees, and volunteer staff to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances. I/we also do release, acquit, discharge and covenant to hold harmless Maysville Baptist Church, its leaders, employees, volunteers, from any and all actions, damages, and/or liabilities arising out of sickness (including COVID-19) or accident incurred by said minor during all activities, and while in transit either to, during, or from this event. I/we also acknowledge that should the above mentioned minor have to be returned home due to disciplinary reasons, misconduct, or reasons requiring such, it is my/our responsibility, to assume all transportation arrangements and/or costs. Also, by attending this activity, I/we understand that the above mentioned minor's photographic image might be used in publications (newsletters, Student Ministry website/social media, flyers, promotional and activity videos, etc.) as approved by a Maysville Baptist Church employee, for the promotion of events related to the ministries of Maysville Baptist Church.

Please fill in all blanks, if an item is not applicable, write 'N/A' in the blank. All the questions asked here are required by the hospital and will make it easier to care for your student.

Parent/Guardian Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Contact/Phone _____

Student Name (Please Print) _____

Address (if different from Parent) _____

Date of Birth _____ Gender _____ Phone _____

Insurance Company _____ Policy Number _____

Member Name _____ Group Number _____

Group Name _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Please list on bottom, back, or attach with this Release Statement any allergies and/or medical conditions the subject of this release may have. Also list any prescription medication he/she may be taking at this time.

COVID-19 Precaution Release Form

I, _____, participant of the DNow Youth Event held at Maysville Baptist Church on August 14 & 15, 2020, do hereby confirm the following:

- Neither I, nor anyone in my immediate household, have had contact with anyone who has tested positive for COVID-19 in the past 14 days.
- I do not have any of the following symptoms of COVID-19 sickness: Cough, Shortness of Breath, Difficulty Breathing, or Fever.
- I do not have any two of the following symptoms of COVID-19 sickness: Chills, Repeated Shaking, Muscle Pain, Headache, Sore Throat, New Loss of Taste or Smell

Participant Signature

Please give this form to the person at the Registration Desk
upon entering Maysville Baptist Church