



HENDERSON HILLS STUDENTS

Adult T-Shirt Size _____

Check Cash Online Payment

Event _____ Current Grade _____

Name _____ Male Female

Address _____ City _____ State _____ Zip _____

School _____ Birthdate _____ Roommate _____

Parent/Guardian _____ Parent/Guardian Work Phone _____

Home Phone _____ Parent/Guardian Email _____

Parent/Guardian Address _____ Parent/Guardian Cell _____

Insurance Co. _____ Policy # _____ Insurance Phone _____

Medications currently taken _____

Allergic to bee stings? YES / NO Action Necessary? _____

Date of last tetanus shot _____ Appendix out? YES / NO

Is the student subject to:

Fainting Spells Heart Trouble Epilepsy Diabetes

Allergies: _____

Can the student swim? NO / BEGINNER / ADVANCED

Physical problems that would hinder activities? _____

PLEASE COMPLETE BOTH SIDES OF ENVELOPE!



HENDERSON HILLS STUDENTS

1200 E. I-35 Frontage Rd. Edmond, OK 73034

405-341-4639 | hhbc.com

As the participant, parent and/or guardian (if under 18 years of age) of said member I hereby consent and give my permission to Henderson Hills Baptist Church, or its representatives, or any attending physicians, to make such decisions and to perform such medical treatment, which may in their sole discretion be necessary and proper under the circumstances. As the participant, parent and/or guardian of said member, I hereby do release, acquit, discharge to hold harmless Henderson Hills Baptist Church or its representatives or any attending physician, from any and all actions, damages, or liabilities arising out of the treatment of any sickness or accident incurred by above said participant during time-away while on any church activities.

*Please Note: I give Henderson Hills Student Ministry the right to use video or still shot photography of my student in any appropriate promotional or publicity use.

Signature of Parent/Guardian

Date