

Heartland Activity Registration and Transportation Form 2010/2011 School Year



Select one:

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

(Effective from date signed through August 31, 2011)



Name: _____ Date of Birth: _____ Grade: _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Cell Phone: _____
School: _____ Email: _____



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

Names: _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email _____
Emergency Contact (name/phone numbers): _____
(Please list someone in addition to the parents/guardians or spouse listed above)

Transportation guidelines:

- Church vehicles with adult drivers will be provided, when possible, as a primary option for everyone
- Elementary & Jr. High students will be transported by an adult driver or may ride with an older sibling
- Licensed Sr. High students may drive their own vehicle – after informing the adult sponsors
- Sr. High students may ride with another licensed Sr. High student – after informing the adult sponsors



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.

Health Insurance company _____ Policy # _____



Parent/Guardian - Sign/Date (adult signing for self - substitute "me" for "my child" where appropriate)

Student Agreement: I agree to abide by the rules and guidelines set by the Heartland Evangelical Free Church, church staff and adult sponsors when I am at the church, attending off-site Heartland sponsored event, and while traveling. I understand that my parent/guardian may be contacted at any time by a staff member or adult sponsor.



Student – Sign/Date

ORIGINAL ON FILE AT CHURCH – COPIES AVAILABLE TO VOLUNTEERS AS NEEDED