

**ROCK CITY CHURCH
COMPASSION COMMISSION 2018
REGISTRATION FORM (liability & agreement)**

Contact: tammy@rockcitychurch.com Date: Sunday, July 1 - Saturday, July 7, 2018

(410) 882-2217 (Office)

Location: Rock City Church & East Baltimore City

(410) 882-7163 (Fax)

Deposit paid **No Refunds!** Balance paid **No Refunds!** All Forms

PLEASE COMPLETE ALL FORMS AND RETURN

Participant's Name _____ Date of Birth _____ Age _____ M F

Participant's Cell Number _____ Home Church _____

Participant's E-mail _____ Senior Pastor's Name _____

T-Shirt Size (Please Circle) **S M L XL XXL** Youth Leader's Name & Cell _____

Participant's Questionnaire (Please Check All that Apply)

How did you hear about Compassion Commission? _____

Is participant a current member on the Worship Team at their home church? Yes No

 If yes, does he/she sing or play an instrument (which instrument)? _____

Is participant interested in acting with the CC Drama team? Yes No

Is participant artistic (graphics, painting)? Yes No

Does the participant have experience in construction? Yes No

What other special talent/gift does the participant have? _____

Contact Information (Please Print)

Parent/Guardian _____ **Cell/Home #** _____

Email Address _____

Street Address _____ **City, State, Zip** _____

Emergency Contact _____ **Relationship** _____

Street Address _____ **City, State, Zip** _____

Telephone (Cell) _____ **(Home)** _____ **(Work)** _____

Participant's Medical Information:

Does the participant have any allergies to food or medication? Yes No

If yes, please explain (fill attached allergy form) _____

Is the participant allergic or scared of pets? Yes No If yes, which pet? _____

Is participant affected by the presence of a pet in the Host Home? Yes No

If yes, which pet, and please explain _____

Existing medical conditions: (please check all that apply)

- Asthma/Allergies/Sinus (circle) Heart Problems Kidney Problems
- Stomach Trouble Diabetes (Insulin?) Depression
- Bipolar Disorder Epilepsy/Convulsions Other _____

Is there any other medical information you believe would be necessary for us to know? Yes No

If yes, please explain _____

Is the participant currently on medication? Yes No

Name of Medication and Dosage: _____

Is Rock City Church authorized to approve medical treatment if necessary? Yes No

Is the participant covered by personal/family medical insurance? Yes No

If yes, provide name on medical card _____ Ins Policy/Group # _____

Physician's Name: _____ Contact #: _____

By signing below, the participant (parent/guardian if participant is a minor) acknowledges and accepts the risk of physical injury associated with participation in the event described above. The participant also acknowledges that photography taken throughout the event can be used for promotional purposes.

Participant accepts personal and financial responsibility for any bodily or personal injury sustained during the activity. Further, Participant (parent/guardian if participant is a minor) promises to hold harmless the Rock City Church and its representatives for any injury related to all related activities.

It is agreed that all registration fees are non-refundable.

Signature of Participant (Parent/Guardian if minor) _____ Date _____