

2012 Spring Break

STUDENT INFO:

Last _____ First _____

Grade: 7 8 9 10 11 12 Gender: Male Female

Street Address _____ Apt. _____

City _____ State _____ ZIP _____

Date of Birth _____

PARENTS/GUARDIAN INFO:

Father _____ Mother _____

Student lives with: Both parents together Father Mother Other

Home phone _____

Father's work/cell _____

Mother's work/cell phone _____

EMERGENCY CONTACT INFO:

Name _____

Phone _____ Relationship to Student _____

Health Insurance Company _____

Policy Holder _____ Group /Policy No _____

CONDITIONS OF PARTICIPATION:

1. The Ministry Staff reserves the right to dismiss a student who is in his/her opinion a hazard to the safety and the rights of others, or who appears to him/her to have rejected the reasonable controls of Authority.
2. The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, must be fully communicated in writing to Harvest Bible Chapel, including a photocopy of the section of any court order referring to visitation rights. The signature on the registration form signifies that both parents/guardians are in agreement with the conditions of participation.
3. Care is taken for the safety and good health of our students, but in the event of accident or sickness, Harvest Bible Chapel and the staff are hereby released from any liability. Each student participant must be covered by his/her own personal medical insurance.
4. In the event that a student requires special medication, x-ray or treatment, the parents/guardians will be notified immediately and will be charged with the additional expense of transportation and care.
5. In case of surgical emergency, I hereby give permission to the physician selected by the Ministry Staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.
6. I give permission for Harvest Bible Chapel to use any image or likeness of my child for promotional material.
7. Harvest Bible Chapel requires that students who have potentially life threatening conditions (such as peanut allergies) be able to manage their exposure to those substances, provide two sets of medication, be familiar with its use and carry the medication with them at all times.
8. In the case of withdrawal during the trip on the physician's order, two-thirds of the fee for the unexpired term will be refundable. If a student's condition deems it necessary for him/her to remain in the hospital, the Ministry Staff may require that the parent/guardian resume responsibility and the student be released from the trip. No refund will be made for dismissals due to disciplinary action, late arrivals or early departures.
- 9. The deposit of \$50 is non-refundable for all cancellations and is due upon returning this application.**
- 10. Payment in full is due by the Sunday, March 18.**
- 11. Make all checks payable to Harvest Bible Chapel.**

Signature Required to Process Registration

I have read, understood, and accepted the conditions of participation as stated above.

Date _____ Parent/Guardian Signature/s _____

Please return application to: **HARVEST BIBLE CHAPEL**

**Attn: Student Ministry
800 ROHLWING ROAD
ROLLING MEADOWS, IL 60008
ph. 847-398-7005 x1121 / fax 847-398-7030**