



T-Shirt Size: (Circle One) S M L XL XXL

Check #

Cash

Current Grade (or completed) 6 7 8 9 10 11 12

MALE

FEMALE

Event/Activity

Name

Address

City

State

Zip

School

Roomate (Use Name Please)

Home Phone

Email

Parent/Guardian Name

Parent/Guardian Work Phone

Parent/Guardian Cell Phone

Insurance Co.

Policy #

Insurance Phone

MEDICAL INFORMATION

Does the student have any physical problems that would hinder him/her from entering into full-program activities? If yes, what: _____

Is the student currently on any medication? If yes, please list: _____

IS THE STUDENT SUBJECT TO:

Fainting Spells Heart Trouble

Allergies: Medication _____

Allergies: Food _____

Epilepsy Diabetic Appendix Out

CAN THE STUDENT SWIM? No Beginner Advanced

I, the undersigned, certify that I am cognizant of the inherent dangers associated with participation in the Activity and with the fact that participating in the Activity may take place outside of, or off, premises. I understand and agree that neither The MET, nor its trustees, directors, officers, pastors, members, employees, representatives, volunteers, instructors or agents may be held liable in any way for any occurrence in connection with my child's participating in the Activity which may result in injury, harm, or other damages to me or my family. As part of the consideration for being allowed to enroll and participate in the Activity, I hereby personally assume all risks in connection with participation in the Activity. I further release The MET, its trustees, directors, officers, pastors, members, employees, representatives, volunteers, instructors or agents from any injury or damage which may befall my child while enrolled in or participating in the Activity. I further agree to save and hold harmless The MET, its trustees, directors, officers, pastors, members, employees, representatives, volunteers, instructors or agents from any claim by me, or my family, estate heirs or assigns arising out of enrollment and participation in the Activity. I also authorize The MET to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur while participating in the Activity. I further state that I am lawful age and legally competent to sign this affirmation and release: That I understand the terms herein are contractual and not a mere recital: and that I have signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of all the contents of this affirmation and release by reading it before I have signed it.

I also agree that in the event the above named student be involved in non-Christian or dangerous activities, I will pay his/her expense to be sent home (if necessary) at the direction of the event staff.

I give The MET the right to use video or still photography of my son/daughter in any appropriate promotional or publicity use.

X

Signature of Parent/Gaurdian

Date

Emergency Phone

For questions visit **TheMETonline.org/students** or call **281.890.1900**

Metropolitan Baptist Church | 13000 Jones Road | Houston, TX 77070