

OAPC Participant Information Form

ADULT FORM FOR 2018-2019

The information requested below assists the church in updating our church database and caring for members in an emergency during church activities.

Please complete using a **blue or black pen** and return to the *Registrations Drawer* in the church office.

Participant's Full Name: _____

Name Preferred : _____

Birthdate: _____

Address: _____

City/State/Zip: _____

Email: _____

Home Phone: _____

School Attending: _____

Field/Major: _____

Participant's Cell Phone: _____

Is it okay to send text updates? Yes Or No

Sunday School Class: Acts Julian Lake Encountering the Bible Watering Hole Wired Word

Participant's T-shirt Size: Adult> Sm Med Lg XL XXL XXXL

Work Status: Searching Homemaker Retired Current Employer: _____

Name of Emergency Contact: _____

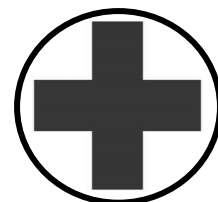
Relationship: _____

Their Cell Phone #: _____

Medical Questionnaire

- Are you presently being treated for an injury, sickness, or taking any form of medication for any reason? Yes___ No___ (If yes, please explain.) _____
- Do you have any allergies? Yes___ No___ (If yes, please explain.) _____
- Do you require a special diet? Yes___ No___ (If yes, please explain.) _____
- Do you have any physical limitations or illness which would prevent you from participating in normal daily activity? Yes___ No___ (If yes, please explain.) _____

• Notes/Comments: _____



Medical Treatment Authorization: I understand that an emergency contact will be notified in the case of a medical emergency. However, in the event that I am unable to make decisions and an emergency contact cannot be reached, I authorize the calling of a doctor and providing necessary medical services in the event I am injured or become ill. I understand that Oakland Avenue Presbyterian Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility. I agree to notify Oakland Avenue Presbyterian Church in the event of any health changes which would restrict my participation in any activities of the church.



I hereby give permission to the physician selected by an adult in charge to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery.

Signature of Adult Participant

Date

Family Physician: _____

Phone: _____

Medical Insurance Provider: _____

Phone #: _____

Name Insured: _____

Policy #: _____

Consent and Certification: I certify that I am physically fit and adequately trained to participate in the church activities for which I register. I give my permission for my image to appear in pictures of church activities to be used for publicity purposes. Details concerning these various activities will be communicated in the various church publications such as the *Oakleaf* newsletter, the *Acorn* e-news, the website, and the Sunday morning bulletin.

Signature of Adult Participant

Date