



RUSH

» FREEDOM 2010 • FEB. 4-7

REGISTRATION

Student's Name	
Date of Birth	School Grade
Address	City ZIP
Home Phone	Emergency Phone
Student's E-mail	
Attend Prestonwood regularly?	
Yes	No
If no, where do you attend?	
One person in my grade I would like to stay with*:	
Guest(s) I'm bringing who need to stay with me*:	
Gender:	Adult T-Shirt size:
Male Female	S M L XL XXL

*All homes will be made up of the same gender and grade.

If your student makes a significant spiritual decision during Freedom 2010, does he/she have permission to be baptized at Prestonwood Baptist Church in the 11:00 a.m. service on Sunday, Feb. 7, 2010? Yes No (continued on back)

**PARENT
SIGNATURE
REQUIRED ON
THE RIGHT**

I certify that, to my knowledge, my son/daughter has not been exposed to any contagious disease within the past 30 days. I give my consent to medical and surgical treatment as needed in the judgment of the treating physician chosen by representatives of Prestonwood Baptist Church. I also give Prestonwood Baptist Church and its representatives permission to transport my child at their discretion in case of emergency. **I hereby agree to hold Prestonwood Baptist Church, its agents and employees harmless of any and all liability, actions, causes of actions, claims, expenses and damages on account of injury to my child, property, even injury resulting in death, which I now have or which may arise in the future connected with this activity or participation in any other associated activities.** I also give permission for my child to be transported by the agents and employees of Prestonwood Baptist Church during Freedom 2010. I understand that Lack of cooperation with Freedom 2010 policies/rules will result in my child returning home. I understand and will allow photos and videos of my child to be taken while at Freedom 2010 and to be used in any Prestonwood publication. I also understand that publication of these photographs may be accomplished electronically via the Internet/Worldwide Web and that after publication, the church will be unable to prevent persons from gaining access to the Internet/Worldwide Web, copying these photographs and video therefrom, and subsequently using, altering, or republishing them without my consent. I waive any claim for damages against the church from unconsented use, alteration, or republication of these photographs and video by third parties accessing the Internet/Worldwide Web.

*** All payments are NONREFUNDABLE.

Confirmation waiver must be signed and returned with a copy of the medical insurance policy card.

Please attach a copy of your medical insurance card.

Parent's Signature	Date
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OFFICE USE ONLY

Check Cash Amount Paid: _____