

SPLASH PARTICIPANT FORM

Note: All SPLASH participants and leadership must complete this form to be eligible to participate in a SPLASH Project. Students under 18 years of age must have the signature of a parent and the form notarized. **ALL SELECTIONS MUST BE COMPLETE FOR ELIGIBILITY.** Group leaders are responsible for submitting this entire form to coordinator at the project. Please have each member of your group complete a participation form, make a copy for your files and bring the original with you to the Project.

Please Print Legibly
Participant Information

Name (Last) _____ (First) _____ Date of Birth ___/___/___ Age _____ Sex _____ Grade completed _____
Home Address _____ City _____ State _____ Zip _____
Phone _____ email address _____
Your Church _____ Address _____ City _____ State _____ Zip _____
In Case of Emergency, contact (must be a family member – list 2):
Name _____ Cell # _____ Day # _____ Night # _____
Name _____ Cell # _____ Day # _____ Night # _____

Project Location: _____ Project Date: _____

Medical Profile

Generally, my health is: (Check one) Excellent Good Fair Poor

If **Fair** or **Poor**, please explain your condition: _____

List any medical difficulties for which you are CURRENTLY being treated: _____

List any medication you are CURRENTLY taking: _____

List any medicines or substances to which you are ALLERGIC: _____

Family Physician: _____

Physician's Address: _____

Date of **Tetanus Immunization** ___/___/___

Insurance Company: _____ Policy or Group #: _____

(Attach copy of insurance card)

Address (City, State, ZIP): _____

Subscriber Name: _____ Subscriber Number: _____

Place of Employment: _____ Subscriber Occupation: _____ Work Phone: _____

Authorization for Treatment/Release of All Claims

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the SPLASH Project Coordinator and the physician or hospital staff during SPLASH Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, officers, employees and agents of Mid-State Baptist Association from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. I hereby give MBA the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after the SPLASH Project,

--- Please complete and sign below (students under 18 years of age requires parent/custodial signatures) ---

Participant's signature: _____ Date: ___/___/___

Father/Custodial Parent Signature: _____ Phone: () _____ Date: ___/___/___

Mother/Custodial Parent Signature: _____ Phone: () _____ Date: ___/___/___

Notary Public (FOR PARTICIPANTS 17 YEARS OF AGE AND YOUNGER)

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date (___/___/___).

Notary Public

My commission expires ___/___/___.

EACH PARTICIPANT MUST COMPLETE THIS FORM
MID-STATE BAPTIST ASSOCIATION, 3396 NAPIER AVE., MACON, GA 31204