

REGISTRATION AND MEDICAL RELEASE FORM

LANCASTER BAPTIST YOUTH SPORTS | 2017

Participant's Name: _____ Grade (in the fall): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Dad's Cell Mom's Cell

Age: _____ Date of Birth: ____/____/____

Who can we contact if we have questions about your registration?

Name: _____ Phone or Email: _____

HEALTH INFORMATION

In case of emergency notify: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

Doctor Name: _____ Doctor Phone: _____

Insurance Carrier: _____ Policy Number: _____

Sport: _____

Please explain any physical or medical conditions or restrictions and indicate the nature and extent:

Any medications being taken? _____

Is your child allergic to any medications? _____

In case of an emergency, I hereby give permission to the physician selected by the Lancaster Baptist Youth Sports to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. It is understood that the school and doctor will make every effort to contact the parent/guardian of the child before treatment. I hereby release Lancaster Baptist School of all liability.

Parent or Guardian Signature: _____ Date: _____

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