

**Cary Presbyterian Church
Adult Information Form and Release, 2011-2012**

Contact Information	
Full Name _____	Birth Date _____
Address _____ _____	Home Phone _____
_____	Cell Phone _____
_____	Work Phone _____
Home Email _____	
Work Email _____	

Special Information (activities, special needs, diet, etc)

Waiver and Release

I assume all responsibility for hazards incurred in the conduct of activities of Cary Presbyterian Church, and also the transportation to and from activities, and I do further release, absolve, indemnify, and hold harmless Cary Presbyterian Church, the New Hope Presbytery, and all advisors, employees, officers, elders, supervisors, and volunteers, any and all of them. I further agree to abide by all rules, regulations and decisions of Cary Presbyterian Church and its youth groups. In case of injury, I waive all claims against the above-named parties.

Signature

Date

**Cary Presbyterian Church
Adult Medical History and Emergency Treatment, 2011-2012**

Name _____

Insurance	
Name of Insured	_____
Medical Insurance Co	_____
Claim Address	_____
Policy ID Number	_____ Group Number _____
In lieu of completing these blanks, you may attach a copy of each side of your insurance card. Please update this information with CPC any time your coverage changes.	
Physician	_____
Address	_____
Telephone	_____

Health History				
Please check where appropriate				
Allergies	Hay Fever _____	Food _____	Insect Stings _____	Plants _____
	Plants _____	Drugs _____	Other _____	
Chronic/Recurring Illness	Asthma _____	Seizures _____	Diabetes _____	
	Kidney _____	Ear Infections _____	Heart Disease _____	
	Headaches _____	Other _____		
Provide details for items checked above _____				

Currently taking the following medications _____				

Emergency Authorization	
I hereby give permission to the medical personnel selected by the Cary Presbyterian Church Adult (over the age of 21 in charge) to order emergency treatments such as X-rays, tests, and medical procedures. If I am unable to consent in the event of emergency, the following person(s) is/are authorized to act on my behalf in addition to the Church Adult.	
Name _____	Relationship _____
Home Phone _____	Cell Phone _____

I know of no reason(s), other than the information on this form, why I cannot or should not participate in Cary Presbyterian Church's program activities. I state that the information on both sides of this form is correct and I will inform Cary Presbyterian Church of any changes.

Signature _____ Date _____
Witness Signature _____ Date _____