

2019 Freedom Weekend Registration

Student Name		DOB / /		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
School	Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		Grade <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
Address		City	State	ZIP	
Campus I am registering for: <input type="checkbox"/> PLANO <input type="checkbox"/> NORTH <input type="checkbox"/> ESPANOL		Phone Number	First Freedom? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you don't attend Prestonwood, where do you go?	
E-mail Address					
List people in my grade I'd like to stay with:					
List any non-Prestonwood student(s) I'm inviting who need to stay with me:					

Medical Info

Parent/Guardian Name		Parent/Guardian Phone Number		Parent/Guardian Phone Number	
Parent/Guardian Email Address					
Emergency Contact, Relationship, and Phone Number:					
Physician Name		Physician Phone Number		Dentist Name	
				Dentist Phone Number	
Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		It is highly encouraged that if you don't have medical insurance, you provide temporary option for this event. Contact us for more info.		Insurance Provider	
				Policy/Group #	
Check if Student has had: <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Any other contagious disease in past 30 days			Date of last immunization: DPT: _____ MMR: _____ Tetanus: _____ Polio: _____		
List all known allergies, including food, medication, or environmental. I understand it is my responsibility to notify PBC if Student has any severe allergies:					
Previous Serious Illness(es) / Hospitalizations and dates:			Has Student been exposed to any contagious disease(s) within the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Medication(s):		Chronic Medical Conditions, if any:		Special Notes:	
Please check any medications that you DO NOT consent to being administered to Student while at Freedom Weekend: <input type="checkbox"/> Advil/Motrin (Ibuprofen) <input type="checkbox"/> Halls Menthol Cough Drops <input type="checkbox"/> Sudafed <input type="checkbox"/> Theraflu <input type="checkbox"/> Hydrocortisone Cream 1% <input type="checkbox"/> Tears Lubricant Eye Drops <input type="checkbox"/> Calamine Lotion <input type="checkbox"/> Imodium AD <input type="checkbox"/> Pepto Bismol <input type="checkbox"/> Triple Antibiotic Ointment <input type="checkbox"/> Claritin (Loratidine) <input type="checkbox"/> Oragel <input type="checkbox"/> Cepacol Sore Throat Spray <input type="checkbox"/> Tums <input type="checkbox"/> Robitussin DM <input type="checkbox"/> Tylenol <input type="checkbox"/> Benadryl (Diphenhydramine HCl) <input type="checkbox"/> Cepacol Throat Lozenges Guardian must sign in all medications in original packaging with trip leaders and provide appropriate dosage information. Prescription medication must be in the appropriate, non-expired bottle showing Student's name and medication on the appropriate pharmacy label.					

For Parents: If your student makes a significant spiritual decision at Freedom Weekend 2019, does he/she have permission to be baptized?
 YES! No, we will schedule a future time

Parent Signature	Date / /
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BY SIGNING, YOU HAVE READ AND AGREED TO THE RELEASE ON THE REVERSE OF THIS REGISTRATION CARD.

Freedom Weekend 2019 February 1-3

Cost: \$75 through Jan. 9, 2019 / \$85 after

Two ways to register:

1. Online registration will open after the Nov. 3-4 "early registration" weekend, at prestonwoodstudents.org/freedom.
2. Bring your registration form (on the front side of this card) and payment to the Student Ministry Offices Monday-Friday, 8:00 a.m.-5:00 p.m.

Plano Campus

6801 W. Park Blvd.
Plano, TX 75093
972-820-5000

North Campus

1001 W. Prosper Trail
Prosper, TX 75078
972-798-6700

Release

Student's Name (on backside of this release form, hereinafter "Student") Date of Birth (also provided on reverse)

Prestonwood Baptist Church, Inc., a Texas non-profit corporation, is hereinafter referred to as "PBC" throughout this entire form.

(Parent/Guardian name on reverse of this form), hereinafter "I (we)", am/are the parent(s) and/or legal guardian(s) of Student. I (we) hereby give permission for Student to attend and participate in any and all activities sponsored by PBC (hereinafter "Activities"), including any Activities which may be of a hazardous nature and/or include physical and/or strenuous activity, and assume all risk associated herein. I (we) hereby certify that, to my (our) knowledge, Student has not been exposed to any contagious disease within the past 30 days. I (we) hereby authorize PBC and its representatives to: transport Student to or from the Activities, or in an emergency; include Student in supervised water Activities; furnish any necessary transportation, food, and lodging; teach and lead Student in religious lessons and services, including prayer and Bible teaching; take Student to the before named physician for medical treatment in the event of an emergency in which parent/emergency contact can be reached; and take Student to any licensed physician or medical treatment center to treat Student in case of emergency or when named physician cannot respond. I (we) hereby authorize any adult, in whose care Student has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and/or hospital care for Student under the supervision and on the advice of any licensed physician/dentist at a licensed medical treatment center/hospital, whether such diagnosis or treatment is rendered at a physician's/dentist's office, an urgent care facility, or a hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned Student and to pay any and all costs related to transportation to the medical treatment center if transportation is by ambulance or otherwise. I (we) understand that Student's lack of cooperation with PBC policies/rules/values will result in Student's immediate return home. If Student returns home for any reason, I (we) shall assume all transportation costs. TO THE FULLEST EXTENT PERMITTED BY LAW, I (WE) HEREBY AGREE TO UNCONDITIONALLY RELEASE, WAIVE, RELINQUISH, COVENANT NOT TO SUE, DEFEND, INDEMNIFY, AND FOREVER HOLD PBC, ITS AFFILIATES, AND ALL OF THEIR OFFICERS, DIRECTORS, MINISTERS, AGENTS, EMPLOYEES, SUCCESSORS, AND ASSIGNS (COLLECTIVELY, THE "RELEASED PARTIES") HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CLAIMS, EXPENSES, AND DAMAGES ON ACCOUNT OF INJURY TO STUDENT, PROPERTY DAMAGE OR DEATH, WHICH I NOW HAVE OR WHICH MAY ARISE IN THE FUTURE DIRECTLY OR INDIRECTLY ARISING OUT OF OR IN ANY WAY RELATING TO THE PROVISION OF MEDICAL TREATMENT, TRANSPORTATION, OR STUDENT'S PARTICIPATION IN THE ACTIVITIES OF ANY KIND OR NATURE WHEREVER OR HOWEVER THE SAME MAY OCCUR OR DURING TRANSPORTATION TO OR FROM THE ACTIVITIES, WHETHER CAUSED IN WHOLE OR IN PART FROM THE NEGLIGENT ACTS AND/OR OMISSIONS OF PBC. I (WE) AGREE TO BEAR ALL COSTS, INCLUDING ATTORNEYS' FEES, LITIGATION COSTS, EXPENSES, OR JUDGMENTS RESULTING FROM ANY CLAIMS OR LAWSUITS FILED BY ANYONE FOR STUDENT'S BODILY INJURY (INCLUDING, BUT NOT LIMITED TO, ILLNESS, ACCIDENTS, AND DETENTION), DEATH, OR PROPERTY DAMAGE, WHICH IS ALLEGED TO HAVE RESULTED FROM STUDENT'S PARTICIPATION IN THE ACTIVITIES, OR EVENTS OF ANY NATURE THAT OCCUR DURING THE ACTIVITIES OR DURING TRANSPORTATION TO OR FROM THE ACTIVITIES. IT IS THE INTENTION OF THE PARTIES HERETO THAT I (WE) WILL PROTECT THE RELEASED PARTIES FROM ANY LIABILITY FOR BODILY INJURY (INCLUDING, BUT NOT LIMITED TO, ILLNESS, ACCIDENTS, KIDNAPPING, AND DETENTION), PROPERTY DAMAGE, OR DEATH AS A CONSEQUENCE OF STUDENT'S PARTICIPATION IN THE ACTIVITIES, WHETHER OR NOT THE BODILY INJURY (INCLUDING, BUT NOT LIMITED TO, ILLNESS, ACCIDENTS, AND DETENTION), PROPERTY DAMAGE, OR DEATH IS CAUSED BY ACTS OR OMISSIONS OF RELEASED PARTIES OR ANY THIRD PARTY (INCLUDING OTHERS WHO MAY BE PARTICIPATING IN THE ACTIVITIES, INCLUDING DURING TRANSPORTATION). BY MY (OUR) SIGNATURE BELOW, I (WE) HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY (INCLUDING BUT NOT LIMITED TO ILLNESS, ACCIDENTS, AND DETENTION), PROPERTY DAMAGE, OR DEATH TO STUDENT DUE TO THE ORDINARY NEGLIGENCE OF RELEASED PARTIES AND THE ORDINARY NEGLIGENCE, GROSS NEGLIGENCE, OR WILLFUL MISCONDUCT OF ANY THIRD PARTY, INCLUDING OTHERS PARTICIPATING IN THE ACTIVITIES.

I (we) consent to Student being given any of the above medications (including generic equivalents), if deemed necessary by the trip leaders. I (we) understand that medication not properly labeled will not be given to Student. I (we) agree to indemnify and hold harmless PBC and its affiliates for any damage resulting from the misrepresentation of medical information by Student or myself. The medical consent and liability waiver provisions hereof shall remain in full force and effect from the date of signature and in effect until written notice of revocation or withdrawal is received by PBC at its office at 6801 West Park Boulevard, Plano, TX 75093, whichever occurs first. It is the responsibility of the parent/guardian to notify PBC of any changes in medical condition, guardianship, address, or phone number in writing to the address listed above. I (we) understand photos and videos of Student may be taken for use in PBC publications and that PBC shall have the exclusive right to control and determine the use, display, performance, reproduction, and dissemination of such photos and videos. I also understand publication of these photographs may be accomplished electronically via the Internet and that, after publication, PBC will be unable to prevent persons from gaining access to the Internet, copying my photographs and video there from, and subsequently using, altering, or republishing them without my consent. I (we) waive any claim for damages against PBC from unconsented-to use, alteration, or republication of my photographs and video by third parties accessing the Internet. Parent/Guardian signature acknowledging and agreeing to this release on reverse side.