

SMBC
MARCH MADNESS 2019
REGISTRATION FORM



Check one: _____ Participant _____ Spectator

Name _____

Address _____

City _____ Zip Code _____

Email Address _____

Phone Number _____ Text? Y / N

Age _____ Grade _____

Church _____

Adult T-shirt Size (while supplies last, circle one): S M L XL XXL

Basketball Team # (for participants only) : _____

Team # assignments will be given out by March Madness Coordinators.

****Complete Medical Release on back of this form. SMBC youth that have completed an annual Medical Release Form need not complete it.**

Medical Release Form

Name of event: **SMBC March Madness 2019, March 23, 2019**

I (we), the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult volunteers of Smith Memorial Baptist Church as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital.

I further release from any liability **Smith Memorial Baptist Church** and any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Address _____ City _____

Emergency Phone: Home (_____) _____ Work (_____) _____

Health Insurance Company _____

Policy or Group Number _____ Phone (_____) _____

If parent/legal guardian is not available in an emergency, contact:

Name _____ Phone (_____) _____

Please list any allergies. Include medications, foods, etc. _____

Does your child have any medical or special needs, including medications currently being used?

No _____ Yes _____ If yes, please explain _____

Doctor's Name _____ Phone (_____) _____