

**2009**

(Valid 7-30-08 through 12-31-09)

**Youth Ministry**  
Central Baptist Church of Bearden  
6300 Deane Hill Dr, Knoxville, TN 37919  
(865) 588-0586

**Activities Participation & MEDICAL RELEASE form**

Name \_\_\_\_\_  
Street \_\_\_\_\_ Birth Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent(s) Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's Work # \_\_\_\_\_  
Mother's Work # \_\_\_\_\_ Father's Cell # \_\_\_\_\_  
Mother's Cell # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Insurance Group or Policy # \_\_\_\_\_  
Mailing Address for Claims \_\_\_\_\_

Names of friends/relatives not living at your residence who could be telephoned in an emergency.

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

Identify on the back any information that would be helpful to a medical team (i.e.: allergies; diabetic and if so, is insulin taken; regular medication; any chronic disease or illness).

**(OVER)**

**\*attach a copy of your insurance card—front and back**

