



2011 - 2012

Leadership Registration & Medical Release



Leader Name (First & Last) _____ Date of Birth _____
 Address _____ City _____ Zip _____
 Phone(____) _____ Cell(____) _____ E-mail _____
 Uniform Needed No Yes Size ____ (see secretaries) Please print Clearly
 I Want to serve in Cubbies Sparks Truth & Training Trek Journey

Health Ins. Co. _____ Policy # _____
 Hospital you prefer _____
 Health issues, allergies, restrictions? _____
If none, please write "None"

Medical Release
 "In the event that I cannot be reached in an emergency, I hereby give my permission to the physician, or dentist selected by the club leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for myself (*child) mentioned above as deemed necessary." Signature is needed at bottom of form.

Personal Questions
All information on this form and from the background check will be kept confidential.

Do you have any contagious or communicable diseases? _____
 Do you have any physical or mental limitations? _____
 Have you ever been treated for a nervous or mental illness? _____
 Do you smoke, drink alcohol or use drugs? _____
 Have you ever hospitalized or treated for substance abuse? _____
 Have you had a life experience that may hinder you from productive ministry with children? _____
 Have you ever been asked to leave a children's ministry? _____

If there are any yes answers, please see the commander.

For the safety of our children, the protection of our leaders and our program, a background check will be conducted.

Information in grayed fields is only needed for first-time leaders.

Briefly state your conversion and Christian experience. _____

References

PERSONAL: Name _____ Phone (____) _____ Relationship _____
 PERSONAL: Name _____ Phone (____) _____ Relationship _____
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Home Church

Name _____ Phone (____) _____

Leaders Signature _____ **Date** _____
Parent Signature _____ **Date** _____

**Parents signature required if leader is under 18 years of age.
Adult Leader signature is required for medical release.*

Please Notify Us If Any Of This Information Changes.