

PARTICIPANT INFORMATION

Last Name	First Name	Middle Name or Nickname
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Address			
City	Zip		
Phone	AGE	Date of Birth	
MALE	or	FEMALE	School Attending

PARENT/GUARDIAN INFORMATION

Mother's Name	
Work #	Cell #
Email Address	

Father's Name	
Work #	Cell #
Email Address	

Please list the names of those that have authority to drop off and pick up your child

1)
2)
3)

EMERGENCY INFORMATION

Family Physician
Phone #
Family Dentist
Phone #
Hospital Preference

- Please provide a current copy of medical/dental insurance coverage

Current Medications

Allergies

RELEASE

I do certify that I am the parent/guardian of the child named above who will be attending the MTM PAASC. I agree to make timely payments and understand that any check returned for any reason will be subject to a 25.00 surcharge. Further I agree to all of the policies and procedures enumerated by MTM. Finally, I do hereby release and hold harmless Ministry That Matters, its Executive Board, the host campus, and any of its representatives for any and all actions, causes of action, claims, demands, cost or damages as a result of property damage or personal injuries sustained while my child participates in the PAASC.

Parent/Guardian Signature Date_____

MTM Representative Date_____

Please do not forget to include your non refundable \$75.00 registration fee with this form. Please make checks payable to MTM or Ministry That Matters. Please return your form and fee in an envelope addressed to Attn: MR. DERIC LEWIS to the Mount Sinai Baptist Church front office. For more information please call 512-965-4999.