



REGISTRATION FORM
Georgia Baptist All-State Youth Choir & Orchestra
Pittsburgh, PA Area
June 19-27, 2017

Name _____ M F
(As you would like it to appear on your nametag –please print)

Address _____
Street City State Zip Code

Home Phone _____ Email _____

Cell phone _____

Church _____ Church City _____

Polo Style/T-Shirt Size: Ladies: S M L XL XXL Other _____

Men: S M L XL XXL Other _____

Sponsor - \$975 per person (TWO to a room)

I have read the enclosed information and have noted the payment schedule.

Make all checks payable to Worship & Music Ministry.

Payment Schedule

- Payment 1 (Nonrefundable deposit) \$195 due January 15, 2017
- Payment 2, \$195 due February 15, 2017
- Payment 3, \$195 due March 15, 2017
- Payment 4, \$195 due April 15, 2017
- Payment 5, \$195 due May 15, 2017

☆ **Single room cost: add \$500 to the base price of \$975 (Total: \$1475).**

Sponsor Roommate Preference (TWO to a room) _____

By registering, I understand that I give you permission to use my picture in future publicity/promotion.

Signed _____

I wish to pay by Credit Card:

Credit Card # _____ Expiration Date _____ Security Code _____

Billing Zip Code: _____ Phone number associated with this card: _____
(You may contact Worship & Music Ministry by phone with credit card information if you do not feel comfortable giving it here.)

Participant's Medical Profile and History

Participant's Name _____

Please check this box if additional information is attached to this form.

Generally, my health is: (check one) _____ Excellent _____ Good _____ Fair _____ Poor

If Fair or Poor, please explain why: _____

Check the following conditions or diseases you have had or currently have:

_____ ADD/ADHD	_____ Depression	_____ Hyperglycemia	_____ Migraines
_____ Anemia	_____ Diabetes	_____ Hypoglycemia	_____ Mononucleosis
_____ Anxiety Attacks	_____ Dizziness/Fainting	_____ Hypertension	_____ Pneumonia
_____ Appendicitis	_____ Epilepsy	_____ Hypotension	_____ Sinusitis
_____ Asthma	_____ GI/Stomach Disorder	_____ Kidney Disorder	_____ Thyroid Disease
_____ Bronchitis	_____ Heart Disorder	_____ Meningitis	_____ Serious Allergic Reactions
_____ Chronic Headaches			

Are there any other conditions or diseases that you currently have or for which you are receiving treatment? These may include psychological conditions as well as physical conditions. If so, please specify the condition and the treatment, if any, you are receiving.

Please list all allergies that you may have. These may include allergies to certain food, medication, insect bites or stings, pollen, plants, or animals.

Please describe any other special medical needs or conditions that you may have. These may include significant hearing, sight or speech impairments, various physical disabilities, restricted diets, etc.

Please list any major operations you have had and give the approximate date of the surgery.

Please list any prescribed medication(s) you are currently taking.

Family Physician:

Name _____ Office Phone No. _____

Address _____

Other Physician:

Name _____ Office Phone No. _____

Address _____

A COPY OF THE FRONT AND BACK OF THE APPROPRIATE INSURANCE CARD MUST BE ATTACHED.

MEDICAL WAIVER/RELEASE FORM

Participant's Name

Medical Power of Attorney and Release

I, _____, hereby recognize that the Georgia Baptist Mission Board is a nonprofit organization whose purpose is to share the Gospel of Jesus Christ and is not in the business of providing entertainment events and activities.

Therefore, I hereby agree to hold the Georgia Baptist Mission Board, including the Worship & Music Ministry office, its employees, representatives and agents, harmless from and against any and all claims, demands, liabilities, actions, causes of action, damages and/or expenses, of any nature and kind and without limitation, arising from personal injuries to myself or property damage, either resulting directly or indirectly from my participation in the Worship & Music Ministry' All-State program. I hereby acknowledge that I assume the risk of any and all personal injury or property damage that may occur to me, that I will hold the Georgia Baptist Mission Board/Worship & Music Ministry Office completely and totally harmless concerning any such injury or damage, that I hereby waive any cause of action or right to cause of action that I might have against the Georgia Baptist Mission Board/Worship & Music Ministry Office or that might thereafter accrue as a result of such injury or damage, and that I have had an opportunity to review this waiver and ask any question concerning its meaning or intent.

In the event I am injured or become ill during a Georgia Baptist Mission Board/Worship & Music Ministry Office event or activity, I hereby grant permission for (1) the Event Administrator, (2) any employee or representative, or (3) the person(s) in charge of First Aid (if any) to obtain and/or provide for me any necessary medical attention and treatment, including but not limited to emergency medical care provided by a hospital, medical clinic or other emergency health care provider.

I verify that I have read this entire document, have had reasonable opportunity to ask questions concerning its application, understand its contents and acknowledge that the various information provided throughout this document is accurate and complete. I further acknowledge and verify that I have full legal authority to execute this document and that there are no requirements, conditions, or obligations, legal or otherwise, which would require the consent or assent of any other person or entity. Signed this ____ day of _____, 20____.

Signature

Notary Public

I, the undersigned officer duly qualified and authorized to administer oaths, do hereby state and affirm that _____ personally known by me, appeared before me and in my presence executed the above and foregoing Medical Waiver together with its Medical Power of Attorney and Release. Witness my hand and seal this ____ day of _____, 20____.

Notary

NOTARY SEAL

My commission expires _____