

**PRESBYTERIAN MO-RANCH ASSEMBLY
REGISTRATION AND HEALTH INFORMATION**

Activities provided by Presbyterian Mo-Ranch Assembly Programs are by their nature physically and emotionally demanding. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others that depend on them. Good physical and emotional conditions will increase your enjoyment of the activities. If there is any doubt about your ability to safely participate in this experience, you should consider having a physical examination. A description of activities is available.

School, Church or Group Name _____

Participant _____ Date of Birth _____
Mailing Address _____
City _____ ST _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____

For Minors Only	
Parent / Legal Guardian _____	Work Phone (____) _____
2nd Parent / Legal Guardian _____	Work Phone (____) _____
Participant lives with? _____	Cell or Pager # (____) _____
If you will be away from home during this Program, how can we reach you? _____	

Emergency Contact (for minors, please list someone other than parents/legal guardians)
Name _____ Relationship _____
Home Phone (____) _____ Work Phone (____) _____

Are you insured under a medical/accident/hospital plan? No Yes
Carrier _____ Policy No. _____
Address _____ Phone No. (____) _____
City _____ ST _____ Zip _____

Name of Physician _____ Phone No. (____) _____

Allergies to insects/plants? No Yes Please list _____
Allergies to medications? No Yes Please list _____
Are you currently taking any medications? No Yes Please list name of medications and reason for taking:

Please disclose any condition, limitations, or needs which might affect your ability to fully and successfully participate in a program of rigorous physical and/or emotional outdoor activity in a remote setting. Please attach prescribed limitations and instructions from your Doctor if applicable.

PHOTO RELEASE
I understand that photographs, video and/or digital images (hereinafter "images"), may be taken of my participation or my minor's participation in various activities while at Mo-Ranch. I understand that no names or personal contact information will accompany any images. I understand that these images may be used in daily slide shows, web-site photo albums, video yearbooks, and other promotional materials and/or publications. I acknowledge below that I do consent to such images of my likeness or my minor's likeness being taken and do not request compensation for the use of my likeness or my minor's likeness.

Adult participant or custodial parent or legal guardian signature