



# STUDENT Registration and Waiver, Part 1

PLEASE PRINT CLEARLY

<b>Participant's LAST name, FIRST name:</b> (Please print)	<b>TEE-SHIRT SIZE--ADULT SIZES</b>
	S M L XL XXL XXXL
<b>Street Address, City, State, Zip</b>	
<b>SCHOOL Currently Attending:</b>	<b>GRADE in school:</b>
<b>Student's Cell Phone</b>	<b>Student's Email</b>
<b>Age:</b>	<b>Birthdate (<u>year</u> is necessary) mm/dd/yyyy:</b> <span style="float:right;"><b>Sex: M/F</b></span>
<b>Parents'/Guardian's Name(s)</b>	<b>Parent/Guardian's Email</b>
<b>Parents'/Guardians' Address, City, State, Zip (ONLY if different from above)</b>	
<b>Parent/Guardian's Employer:</b>	
<b>Home Phone</b>	<b>Mother's cell phone</b> <span style="float:right;"><b>Father's cell phone</b></span>
<b>Health insurance company AND policy number: If NOT insured, please indicate. DO NOT LEAVE BLANK.</b>	
<b>EMERGENCY CONTACT. If parent/guardian cannot be reached, contact:</b>	
<b>NAME:</b>	<b>PHONE (including area code):</b>
<b>CHURCH NAME, City, State (The church name is the one with which you're attending this event)</b>	

**Are you currently taking medicine or treatment?**      Yes \_\_\_\_\_      No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

**Date of last tetanus immunization:**      Month \_\_\_\_\_      Year \_\_\_\_\_

**Have you ever had a severe reaction to a bee/hornet sting or insect bite?**  
 Yes \_\_\_\_\_      No \_\_\_\_\_  
 If yes, identify: \_\_\_\_\_

**Do you have:**  
 \_\_\_\_\_ Sinus trouble      \_\_\_\_\_ Hay fever      \_\_\_\_\_ Epilepsy      \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ Diabetes      \_\_\_\_\_ Asthma      \_\_\_\_\_ Heart trouble

**Medications:** \_\_\_\_\_

**List Allergies:**  
 \_\_\_\_\_ Food \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_

**Other Medical Needs** \_\_\_\_\_  
 \_\_\_\_\_



**Rally in the Valley**

# STUDENT Registration and Waiver, Part 2

**PLEASE PRINT CLEARLY**

**Participant's LAST Name, FIRST Name (PLEASE PRINT CLEARLY):**

**In the event of an emergency, I hereby give permission to the church-appointed sponsors who are with my child at the event named below to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.**

Sponsor: **Treasure Valley Southern Baptist Association  
PO Box 739  
Nampa, ID 83686**

Activity: **Rally in the Valley, Saturday, May 5, 2018  
New Covenant Baptist Church,  
624 Lake Lowell Ave.  
Nampa, ID 83686  
Activities: Brunch, worship service, Pyrrhic Paintball, automobile travel.**

In consideration of the permission granted to the participant named above, by the above named SPONSOR/CHURCH to participate in the above described ACTIVITIES, I hereby release said SPONSOR/CHURCH, its agents and employees, from all actions, causes of action, damages, claims, or demand which I, my heirs, executors, administrators, or assigns may have against said SPONSOR/CHURCH, THEIR AGENTS AND EMPLOYEES, and other above described parties for all personal injuries known or unknown which the participant named above, has or may incur by participating in the above described ACTIVITY. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

**Photographs of the event, and thus your child, are a normal part of this event.**

In witness whereof, I have executed this release on this \_\_\_\_\_ day of \_\_\_\_\_, 2017  
(month)

**Participant's Signature** \_\_\_\_\_

**Parent/Guardian's Name (print clearly):** \_\_\_\_\_

**Parent/Guardian's SIGNATURE** \_\_\_\_\_  
(REQUIRED for a participant under 18)

**Pyrrhic Paintball REQUIRES that your waiver for the paintball activity be completed ONLINE. Before you hand in your paperwork, go to pyrrhicpaintball.com. Click on the tab for Rentals/Parties, then scroll down to click on WAIVER. Fill out and sign that waiver. BRING YOUR DRIVER'S LICENSE (if you have one) TO THE EVENT.**

**I HAVE completed my paintball waiver online**  
**Participant's Signature** \_\_\_\_\_

**NOTE: THIS FORM IS TO BE COMPLETED SIGNED AND RETURNED TO YOUR SPONSORING CHURCH'S YOUTH PASTOR/DIRECTOR./CONTACT PERSON FOR THIS EVENT (SEE THE POSTER) WITH YOUR \$15 DEPOSIT.**

# Rally in the Valley

## ADULT LEADER

### KEEP THIS INFORMATION SHEET

In the event of an emergency, I hereby give permission to the church-appointed sponsors who are with my child at the event named below to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

**Sponsor:** Treasure Valley Southern Baptist Association  
PO Box 739  
Nampa, ID 83686

**TURN IN YOUR REGISTRATION BY APRIL 22 SO YOUR CHURCH COORDINATOR CAN MAIL IT IN A TIMELY MANNER. PAPERWORK DUE TO REGISTRAR BY APRIL 28. DEPOSIT: \$15**

**REGISTRATION MAILING ADDRESS:** Rally in the Valley  
c/o Michele Ring  
1690 E. 11th N.  
Mountain Home, ID 83647  
(208) 442-4448

**Activity: Rally in the Valley  
May 5, 2018  
10 a.m. to 3:30 p.m.**

**Location: New Covenant Baptist Church (MEET HERE!)**  
624 Lake Lowell Ave.  
Nampa, ID 83686  
Activities: Brunch, worship service, Pyrrhic Paintball, automobile travel.

**Location: Pyrrhic Paintball (We will travel here later)**  
7365 Airport Rd.  
Nampa, Idaho  
(208)629-6229

**Emergency Contact Information:**

YOUR youth's chaperone  
PHONE: \_\_\_\_\_

**(208) 407-1793 Jeff Stallings' cell**

Photographs of the event, and thus your child, are a normal part of this event.

**Pyrrhic Paintball REQUIRES that your waiver for the paintball activity be completed ONLINE. Before you hand in your paperwork, go to [pyrrhicpaintball.com](http://pyrrhicpaintball.com). Click on the tab for Rentals/Parties, then scroll down to click on WAIVER. Fill out and sign that waiver. PARTICIPANTS SHOULD BRING THEIR DRIVER'S LICENSE (if you have one) TO THE EVENT.**