

# Medical History & Release

Student's Name: \_\_\_\_\_

Medical Info. (allergies, medications, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Policy# \_\_\_\_\_

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Flushing Community Church of the Nazarene (FCCN) and it's staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to participate in events being organized by FCCN. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release FCCN, it's directors, employees, counselors, and other volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by FCCN, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member. The student named above has permission to travel by means provided by FCCN. I/We release FCCN and associates of liability for this transportation.

**Parent/Guardian Signature:** \_\_\_\_\_

Date \_\_\_\_\_

*\*Flushing Church of the Nazarene is not responsible for lost or stolen items\**

*\*Each individual student assumes responsibility for any and all damage to property (aka... "YOU break it, YOU buy it")\**

Office Use:

Flushing Community Church

# High School Mission Trip



**cincinnati**  
*Urban Promise*



**ONLY  
25 Spots  
Available**

**July 16<sup>th</sup>-20<sup>th</sup>, 2017**

## Did you know...

Cincinnati Urban Promise, seeks to create holistic change in the lives of individuals, families, and neighborhoods by meeting their spiritual, physical, emotional, and academic needs through a Christ-centered approach to education, empowerment, and loving relationship.

*CUP began in 2007 as an urban church plant in the neighborhood of Northside in Cincinnati. The goal was to reach those living in generational poverty and help them escape that cycle. Through the first year it became quite clear that the neighborhood was in need of much more than a simple church plant.*

### [Registration Includes]

Lodging, Meals (may not include some travel meals), Transportation, All Admission Fees, Project Costs, Fun Activities, and a T-shirt.

### [Info.]

Lodging - Cincinnati Urban Promise

A packing list will be available after you sign-up.

We will spend the day working with Cincinnati Urban Promise in the Summer of Promise Academic Enrichment Day Camp for Elementary students. We might also have the opportunity to participate in work projects, community service, or other projects around the community. Each evening we will enjoy the sights and sounds of Cincinnati including a Cincinnati Reds baseball game.

For more info visit <http://www.cincyurbanpromise.org>

Flushing Community Church | 9500 W. Pierson Rd. Flushing, MI  
810.732.0282 | [troy@flushingcommunity.org](mailto:troy@flushingcommunity.org)

## Registration Form

(please print in pen)

Detach Registration Form and return w/ deposit:  
to Pastor Troy.

Questions? Email: [troy@flushingcommunity.org](mailto:troy@flushingcommunity.org)

Name of Student \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_

Grade(2016-2017 school year): 9th 10th 11th 12th

Gender  Male  Female

Emergency Contact \_\_\_\_\_

Phone (home) \_\_\_\_\_ (other) \_\_\_\_\_

T-Shirt (adult sz.)  S  M  L  XL  XXL

## Payment

(make checks payable to FCC)

Total: **\$240**  
Deposit: **\$80 by May 21<sup>st</sup>, 2017**  
Balance: **\$160 by June 18<sup>th</sup>, 2017**

## Forms (Office Use ONLY)

Registration Form

Activity Release Form

\*there may be other release forms needed