

Choctaw Road Baptist Church

14971 E Reno Ave / 405-390-9002 / www.theROAD.tv



MEDICAL / PICTURE RELEASE FORM 2026

(Both sides of this form must be completed on all students grades 6th-12th)

PLEASE PRINT CLEARLY:

Student's FULL Name _____ Sex _____

Age _____ Date of Birth _____ Student's Cell _____

Address _____ City _____ State _____

Zip _____

Shirt Size _____ Grade _____ School Student Attends _____

*Help us to know how to minister to you by checking one that describes you:

_____ Our family regularly attends Choctaw Road Baptist Church

_____ Our family regularly attends another church

_____ Our students does not regularly attend church anywhere currently

Is this student attending an event with us as the guest of a Choctaw Road student? Yes No

If Yes, invited by: _____

Parent/Guardian Information:

Mom/Guardian Name _____

Phone Number _____

Email _____

Dad/Guardian Name _____

Phone Number _____

Email _____

Emergency Contact other than Parent/Guardian _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

I, the undersigned parent or guardian of _____ a minor, do hereby authorize any staff member and/or adult sponsor supervising or directing any activity sponsored by Choctaw Road Baptist Church to obtain any necessary medical and/or surgical treatment for my son/daughter in the event of an emergency due to sickness or accident at any scheduled event/activity or travel to and from such event/activity. I also authorize a sponsor to administer

prescribed and over-the-counter medications including, but not limited to, Tylenol, Ibuprofen, Benadryl, and Pepto-Bismol as needed.

I understand that if medical treatment is required, every effort will be made to contact my family doctor and/or me. However, if neither can be reached or the situation demands immediate attention, I give permission to any staff member and/or adult sponsor of Choctaw Road Baptist Church to secure the services of a licensed physician to provide necessary care. I release and agree to hold harmless Choctaw Road Baptist Church, its staff, employees, and sponsors from any liability for personal injury, damage, or loss sustained while participating in any church-sponsored activity. I agree to be responsible for all costs associated with my child's treatment and will reimburse Choctaw Road Baptist Church for any expenses incurred.

I agree to allow the staff and sponsors selected by Choctaw Road Baptist Church to reasonably discipline my child during any activities if deemed necessary. I have discussed with my child the expected behavior. If it becomes necessary for my child to return home early due to illness, injury, or misconduct, I agree to be responsible for all associated costs and reimburse Choctaw Road Baptist Church for any expenses incurred.

Furthermore, by signing this form, I give permission for Choctaw Road Baptist Church to contact me and my child using the phone numbers (call or text) and email addresses provided, and to include us in ministry-related communication groups. I also grant permission for my child's image (photo or video) to be used in church promotional materials (print, website, social media, etc.).

SIGNATURE of Parent /Guardian _____ **Today's Date** _____

Insurance Information

The following information will be requested by the physician and/or medical facility in the event of an emergency. Please help us by making sure you give **COMPLETE** and **CORRECT** information. This Medical / Picture Release Form is valid for all Choctaw Road Baptist Church sponsored events/activities for the **calendar year of 2026**.

Parent/Guardian Name of Policy Holder _____

Medical Insurance Company's Name _____

Medical Insurance Company's Address _____
City State Zip

Medical Insurance Company's Phone Number _____

Policy Number _____ Group Number _____

Please list and explain any **medical allergies, food allergies, medication being taken, medical problems, physical limitations** or **other pertinent information**:

FALLS CREEK STUDENT PROFILE

CHOCTAW ROAD BAPTIST CHURCH

(PARENTS please have your student fill this page out!! However, your signature is required at the bottom of this page.)

Name: _____ Grade in Fall: _____ Date of Birth: _____

What activities are you involved in at school? _____

What is your favorite snack? _____

What is your favorite movie? _____

Does your family usually attend church? Yes No If yes, where? _____

What do you believe it means to have a relationship with Christ? _____

Have you followed through w/ believers baptism after you accepted Christ? Yes No If yes, where? _____

Have you ever previously attended Falls Creek? Yes No

How can we pray for you this week at camp? _____

I agree that Choctaw Road Baptist Church cannot be held liable for any accidents that may occur and/or for the loss of money or other personal items (cell phones, etc.) that may be lost or missing. I understand that I will have to pay ANY damages or losses caused by me as an individual or with a group.

I agree and give permission to the adult sponsors of Choctaw Road Baptist Church to see that I would receive proper medical attention should it become necessary; and that any expenses incurred are my family's responsibility.

I agree to attend every called or scheduled meeting and cooperate completely with the adult sponsors regarding the rules that have been established for my health, safety, and enjoyment of all concerned. I understand that Failure to follow the rules could result in my being sent home at my family's expense.

I agree to abide by the cell phone policy, and dress code.

Upon signing my name to this registration form, I hereby understand and agree to follow the guidelines and responsibilities stated above and in the Falls Creek brochure.

➤ **Student's Signature** _____ Date _____

I hereby agree to honor, discuss, and enforce the above responsibilities with my child. I understand and I consent that my child's image may be included in a video or in photographs used in publications of Choctaw Road Baptist Church, such as brochures, website, or newspaper.

➤ **Parent / Guardian Signature** _____ Date _____