The Family Life Center Gymnasium

Bear Creek United Methodist Church
16000 Rippling Water Dr., Houston, TX 77084
Gym Office: 281-463-2330 ext. 119

Participant Registration Form

1. Participants in sporting events on or off church campus must complete this form.
2. Please complete the following information and return to the Gym Office.
3. All participants must abide by the FLC Gym policies and procedures handbook, is available at the FLC Gym's front desk. Any violation of the policies will result in the loss of privileges.

Please Print Your Information Below And On The Reverse Side:

Name: _____
Last First Preferred name

Age: _____ D.O.B.___/___/____ Grade: _____ Circle One: M/F Circle One: Married/Single

Driver's License or School ID #: _____

State or school where issued: _____ Photocopy Date: _____ By: _____

Address: _____ City: _____ Zip: _____

Subdivision or Apartment complex: _____E-mail: _____

Phone Numbers: Home: _____Alternate: _____

Name of Parent/Guardian (if under 18yrs.): _____

I am a: ( ) BCUMC member ( ) Regular attendee ( ) Visitor, home church:_____

Circle one: Y/N, I wish to be included in mail outs about Bear Creek FLC Gym activities.
Y/N, I wish to be included in mail outs about Bear Creek church activities.

By signature of this form, I have read, understand and agree to comply with the rules of BCUMC and the FLC Gym policies. I acknowledge that all the information on this form is true and correct to the best of my knowledge, and that it is my responsibility to immediately update any change concerning any and all of this information.

Signature of Participant: _____ ***Date:*** _____

Signature of Parent/Guardian (if under 18 yrs) _____

IMPORTANT! PLEASE FILL OUT INFORMATION ON BACK OF FORM.

Office use only:

Verification call made on (date): _____ **By:** _____

Medical Information and Authorization

Please fill out completely and print legibly.

Name: _____
Last M.I. First

Current Medications: _____

Allergies/Medicines or other: _____

Medical Problems or Physical Limitations: _____

Family Physician: _____ Phone number: _____

Emergency Contact: _____ Phone number: _____

Primary Insured's Name: _____

Insurance Company: _____

Policy Number: _____ Phone number: _____

Photo Release (Please check if you agree)
( ) I hereby grant permission for my child's/my photographs to be included in the church newsletters, outreach brochures and/or website.

Liability Release and Medical Authorization Clause ***(Please read the following):***
I agree to abide by all policies and procedures of Bear Creek United Methodist Church and the FLC Gym. I assume all risk and responsibility due to bodily injury and/or damage of equipment as I involve myself in activities within the FLC Gym and all other recreational programs of BCUMC. I accept all equipment for use as is. I hereby release BCUMC and all persons acting on its behalf from any and all claims, actions, curse of action and liability of whatsoever kind or nature arising from or by reason of any injuries and the consequences thereof incurred at the FLC Gym or during any other recreational program of BCUMC. Furthermore, in the event of an injury I hereby authorize the FLC Gym Staff to administer necessary first aid. I authorize all medical and/or surgical treatment in the event of an emergency for myself by a physician and medical facility chosen by the event Sponsors.

Signature of Participant: _____ ***Date:*** _____

Signature of Parent/Guardian (if under 18yrs):_____