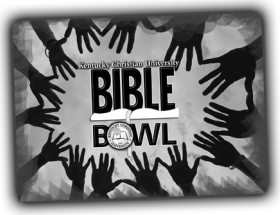
Kentucky Christian University
ESTABLISHED 1919



Sponsor/Adult Medical Release

Please staple a photocopy of BOTH SIDES of your medical Insurance card to this form and return it to your team sponsor.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel attending to my treatment to order x-rays, routine tests and treatment. In the event of an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery.

Signature _____ Date_____

Witness_____ Date_____

❑ I authorize Kentucky Christian University and its employees or agents to take photographs, video recordings, and audio recordings of me and/or my child. I agree to my image, voice and/or likeness being used in all forms of print and electronic media publications and/or video productions for purposes related to the University, including research, education, publicity, marketing, and promotion of programs for the University. I agree to hereby release, hold harmless, and discharge KCU, its officers, agents, and employees from and against any and all claims, actions, or causes of action, liability, and demands whatsoever beyond the control of, and without the fault or negligence of Kentucky Christian University.

Sponsor Information

Last Name_____ First Name_____ MI_____ Sex_____

Home Address_____

City_____ State_____ Zip_____

Home Phone (_____) _____

Emergency Phone (_____)_____ Relationship_____

County of Residence_____ Birthdate_____ Age_____

Church Name_____City_____State_____

Insurance Company Information

Complete Name of Insurance Company_____

Policy Holder Name_____

Group #_____ Group Name_____

Address of Insurance Company_____

City_____ State_____ Zip_____

(Continued next page)

Sponsor must make a copy of completed *Permission* form and the *Individual Code of Conduct* form. Keep a copy for your records and turn the original in to the KCU Bible Bowl Tournament office on day of registration.

Please staple a photocopy of BOTH SIDES of your medical Insurance card to this form and return it to your team sponsor.

BIBLE BOWL SPONSORS DON'T FORGET: Please have copies of all registration forms made before arriving. Originals are for KCU records. Copies are for your records.

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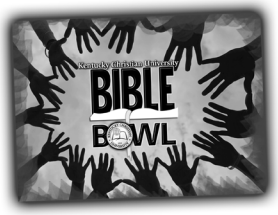

Sponsor/Adult Medical Release

Where is the Policyholder Employed_____

Employer's Address_____

City_____ State_____ Zip_____

Employer's Phone Number (_____)_____ If self-employed, give occupation_____

Health History Form

Health History (Mark with an "X" and give approximate dates)

		Diseases		Allergies	
❑ Ear, Nose, Throat disorder	_____	❑ Mononucleosis	_____	❑ Ivy poisoning, etc.	_____
❑ Heart defect/disease	_____	❑ Chicken pox	_____	❑ Insect stings	_____
❑ Convulsions	_____	❑ Measles	_____	❑ Penicillin	_____
❑ Diabetes	_____	❑ German Measles	_____	❑ Other drugs	_____
❑ Bleeding, clotting disorders	_____	❑ Mumps	_____	❑ Foods	_____
❑ Hypertension	_____	❑ Hepatitis	_____	❑ Grass, weeds, pollen	_____
❑ Asthma	_____				

Operations or serious injuries (dates) _____

Disability or chronic recurring illness_____

Dietary modifications_____

Current medications (send with instructions)_____

Other diseases or details of above_____

Suggestions or health related information for event personnel

When was the date of your last Tetanus Shot? _____

Name of dentist/orthodontist_____ Phone (_____)_____

Name of family physician_____ Phone (_____)_____

Signature_____Date_____