



# Family Registration Form

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

## BASIC INFORMATION

Names / Child's Ages \_\_\_\_\_

Catholic or Protestant or \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Day \_\_\_\_\_ Night \_\_\_\_\_ Other \_\_\_\_\_

Status of military/related member: (Active, Retired, DAC) \_\_\_\_\_

If Active, Where: \_\_\_\_\_

## HEALTH INFORMATION AND MINOR PARTICIPATION RESTRICTIONS

Write "Yes" or "No"

My children/wards do have my permission to participate in water activities	
To the best of my knowledge, my children/wards are physically able to fully participate in the activities of this program	
List any health problems we should be aware of:	
Add any other pertinent information:	

## RESPONSIBILITY RELEASE

I do allow us to participate in the FSH Chapel, United States Army-sponsored event, and willing do so upon our own initiative, risk and responsibility.

Therefore, in consideration of the permission extended to my children/wards/family members by the U.S. Government, through its officers and agents to partake in such activities, we do hereby, for myself, my heirs, my wards, my family members, executors and administrators hold harmless, release and forever discharge the Government of the United States and all claims, demands, actions or cause of action on the account of our deaths or on account of any injury to us which may occur from any cause during our participation in the activities of the Fort Sam Houston Chapel.

\_\_\_\_\_  
(Signatures Parent or Guardian)

## DRUG COMPLIANCE

We will comply with the following event policy: No drugs, (except those prescribed by a physician), or alcohol will be tolerated at any of the Chapel-sponsored programs. Anyone observed with such will immediately be sent home.

## MEDICAL RELEASE FOR MINORS

I give my permission for my children/wards \_\_\_\_\_  
to receive emergency medical treatment, if necessary, while participating in this function. I understand that I will be notified as soon as possible concerning any serious emergency treatment. I agree to be responsible for the cost of any medical treatment.

Today's date \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

## COMMENTS, THINGS WE SHOULD BE AWARE OF

## PRIVACY ACT STATEMENT

CHAPEL ADDRESS: OFFICE OF THE INSTALLATION CHAPLAIN  
2590 Funston Rd, Ste 35, (Bldg 2530)  
FORT SAM HOUSTON TX 78234-5035  
PHONE: 221-5005/221-5010

### Privacy Act Statement

AUTHORITY: 10 U.S.C. 3012 and 44 U.S.C. 3101

PRINCIPAL PURPOSE: To gather pertinent information from prospective customers of Chapel-sponsored events

ROUTINE USES: To allow Chapel staff to properly care for and anticipate potential problems of participants.

DISCLOSURE IS VOLUNTARY: Though this information is not mandatory, the Chapel will not provide services to minors without proper data to insure their safety.