



# Student Registration Form

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

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

## BASIC INFORMATION

Student's Name \_\_\_\_\_ Age: \_\_\_\_\_ Catholic or Protestant or \_\_\_\_\_

Grade as of September: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

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

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

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

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

## PARTICIPATION RESTRICTIONS

Write "Yes" or "No"

My child/ward does have my permission to participate in water activities	
To the best of my knowledge, my child/ward is physically able to fully participate in the activities of this program	
Is student on any medication?	
	If so, is supervision needed?
Does the student have allergies? If so, what is suggested treatment	
Does the student have asthma If so, what is suggested treatment	
Is the student's tetanus inoculation current?	
List any other health problems we should be aware of:	
Add any other pertinent information:	

## RESPONSIBILITY RELEASE

As the legal parent/guardian of \_\_\_\_\_, I do allow him/her to participate in the FSH Chapel, United States Army-sponsored event, and I willing do so upon my own initiative, risk and responsibility.

Therefore, in consideration of the permission extended to my child/ward by the U.S. Government, through its officers and agents to partake in such activities, I do hereby, for myself, my heirs, 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 his/her death or on account of any injury to him/her which may occur from any cause during my child's/ward's participation in the activities of the Fort Sam Houston Chapel.

\_\_\_\_\_  
(Signature of Parent/Ward)

## DRUG COMPLIANCE

I 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 have their parents contacted to arrange for their immediate return home.

\_\_\_\_\_  
(Signature of Parent/Ward)

\_\_\_\_\_  
(Signature of STUDENT)

## RULES COMPLIANCE

Should the student decide to disregard the rules and regulations set by the staff of the event, parents will be called collect, from whatever location of the event, to proceed immediately with arrangements to return the student to his/her home.)

I UNDERSTAND AND AGREE:

\_\_\_\_\_  
(Signature of Parent/Ward)

\_\_\_\_\_  
(Signature of STUDENT)

## MEDICAL RELEASE

I give my permission for my child/ward \_\_\_\_\_ 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: \_\_\_\_\_

## 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.