



**RANKIN CHRISTIAN CENTER
APPLICATION/REGISTRATION FORM**

ADULT

rev 092512

STAFF USE Date Received: _____ Received By: _____ Card #: _____

NAME / CONTACT INFORMATION

Participant's Name: _____

Participant's Birthdate: _____

Gender: Male or Female (circle one) _____

Street Address: _____

City, ZIP _____

Home Phone: _____

Cell Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Phone: _____

Emergency Contact Name: _____

Phone: _____

RACIAL / ETHNIC GROUP

American Indian or Alaska Native	<input type="checkbox"/>
Hispanic or Latino	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
White	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Other	<input type="checkbox"/>

MEDICAL / HEALTH INFORMATION

Disabilities

Allergies

Medicine

If checked please explain:

PARTICIPATION CONSENT

I _____ agree to participate in the onsite and offsite activities of the RCC Adult Services Program. Activities may include offsite trips and use of transportation. I release Rankin Christian Center and it's insurers from any and all liability, claims, causes of action, damages, costs, expenses or demands of any kind which may arise in connection with participation in the activities of the Adult programs. Once program is in session, no refund of program fees paid will be given for any reason.

PHOTO / VIDEO CONCENT

I give permission for my photo or video to be taken and used by Rankin Christian Center . Occasionally RCC Program staff wish to photograph, video or otherwise record activites and events. These images may be used for promoting programs though our website, CDs DVDs, reports, publications, newspapers or other non- commercial promotional materials. I agree to release any rights that I may have to the said photo or video materials.

I AGREE TO ALL ITEMS INCLUDED IN THIS APPLICATION / REGISTRATION FORM:

NAME: (Print Clearly)

SIGNATURE / DATE:

COMMENTS OR SPECIAL NEEDS:

HOBBIES AND INTERESTS: