

Office use only		
Check # _____	Date _____	Amount _____

Student Ministries 2011-2012 Activity Registration, Release & Medical Consent Form

PLEASE NOTE: This form must be filled out completely for your student to participate in the Student Ministries sponsored activities. All forms are confidential and kept on file in SM office. If applicable, full payment must be turned in upon sign up for each activity.

STUDENT'S NAME _____ DATE OF BIRTH _____

AGE _____ M F GRADE (Fall '11) _____ SCHOOL _____

ADDRESS _____ HOME PHONE _____

CITY _____ ZIP _____ CELL PHONE _____

EMAIL ADDRESS _____

PARENT/GUARDIAN _____ WORK PHONE _____

MEDICAL INSURANCE COMPANY _____ PHONE _____

POLICY # _____ POLICY HOLDER _____

DOCTOR _____ PHONE _____ TETANUS CURRENT (?) _____

Any other persons authorized to retrieve student _____

EMERGENCY CONTACT _____ PHONE _____

Please identify any known health conditions of which the church should be aware. This may include, but not be limited to allergies, current medications, and restrictions on play of physical activities. _____

MEDICALLY REQUIRED DIETARY RESTRICTIONS (see paragraph 3 on page 2) _____

ANY OTHER USEFUL INFORMATION ON YOUR CHILD _____

I CAME WITH _____

PERMISSION TO PARTICIPATE, RELEASE, MEDICAL CONSENT AND PAYMENT OF EXPENSES

1. We/I, the undersigned parent(s) or legal guardian(s) of the Child identified in this Form, grant permission for the Child to participate in the program at Grace Community Church (the "Church"). We/I understand that the program may include but not be limited to _____

2. We/I give permission for the Church to transport the Child to and from the Church premises. We/I understand that the Church will retrieve the Child from _____ ("Designated Area") at approximately _____ and will return the child to _____ ("Designated Area") at approximately _____. We/I understand and agree that one of the undersigned parents or guardians is responsible to remain with the Child at the Designated Area until the bus arrives to retrieve the Child and that one of the undersigned parents or guardians must be present at the Designated Area when the bus returns the Child. We/I understand and agree that the Church is not responsible for supervision of the Child until and unless the Child boards the bus. We/I understand and agree that the Church will not release the Child to any person other than those authorized in this Form unless one of the undersigned parents or guardians provides the Church with an advance written request to do so.
3. We/I grant permission to the Church and its employees and agents to take the Child to a licensed physician for medical treatment, emergency surgery, or hospitalization if the Child becomes ill or sustains an injury or otherwise requires medical treatment or attention and the Church cannot contact me within a reasonable period of time. We/I give my consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain or to preserve the Child's life or health. We/I agree to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the Child in the event the Child receives medical attention.
4. We/I understand that the Church may remove the Child from the program at any time without advance notice in its sole and absolute discretion; provided that removal must be in compliance with federal and state laws and regulations (to the extent they apply to the Church). If the Church determines that my child must be removed from the Activity and returned to us/me, we/I will accept a collect call and, if required, will arrange for his/her immediate transportation from the Activity, and pay or reimburse the Church for any and all associated costs.
5. We/I release and agree to hold harmless, defend and indemnify the Church and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or willful misconduct of the Church) that the Child or the Parent may suffer as a result of the Child's enrollment and/or participation at the Church.
6. Registration and participation in this event gives Grace Community Church permission to use photos or video taken at this event for publication and promotion purposes.

This document contains a release and waiver of liability. Please read carefully before signing.

Parent/guardian signature _____ date _____