



Registration, Liability & Medical Release Form

STUDENT CONTACT INFORMATION:

Last Name: _____ First Name: _____

Address: _____

Birthday: _____ Gender: M/F Phone: _____ Text: Y/N

School: _____ Grade: _____

PARENT/GUARDIAN INFORMATION:

Mother: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Father: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT (OTHER THAN PARENT(S) OR GUARDIAN):

Name: _____ Relation: _____ Phone: _____

MEDICAL INFORMATION:

Family Physician: _____ Phone: _____

Insurance: _____ Preferred Medical Facility: _____

List of allergies, special needs, and health problems:

I have reviewed this registration form and find that all information including custodial, health concerns/ needs and allergies are accurate as of the date indicated at bottom of page. Furthermore, I acknowledge changes to the information above may occur and it is my responsibility to notify the Youth Pastor.

Print: _____

Signed: _____ Date: _____

****OVER****

Student Name: _____

Consent of Medical Treatment

I, _____, give permission to The Grove Community Christian Church to take my child to a doctor, hospital or emergency treatment center to obtain treatment. I consent to any X-rays, examinations, anesthesia, medical or surgical diagnosis, treatment or hospital care deemed necessary. In consideration for being accepted for participation in all trips and/or activities with the Grove Community Christian Church:

I hereby release, forever discharge and agree to hold harmless The Grove Community Christian Church and the Youth Ministry Sponsors thereof from any and all loss, liability, claims or denials of any nature whatsoever which may be incurred by the undersigned that occur while my child is participating in any and all trips and/or activities. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to The Grove Community Christian Church to furnish any necessary transportation, food, and lodging for my child. The undersigned further hereby agrees to hold harmless The Grove Community Christian Church, and its youth ministry sponsors, for any liability sustained by The Grove Community Christian Church as a result of negligent, willful or intentional acts of the undersigned, including expenses incurred attendance thereto.

I hereby grant my permission for my child to participate fully in said activity, and hereby give permission to take my child to a doctor, hospital or emergency treatment center, and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for my child to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs. I also give permission for my child to be photographed in the duration of the activities and for those photographs to be used in church promotional items and social media. This includes but is not limited to the following list: photo Identification name badges, presentations, bulletin boards, posters, flyers, church webpage, social media, and church brochures.

Print Parent or Guardian Name: _____

Signature of Parent or Guardian: _____

Date: _____

****This form is not valid after May 31st, 2019****

****OVER****