



City Church Student Ministries

Registration/Permission/Health Information

Effective: June 2016 - June 2017

Please Print In Ink

Name _____ Birthday _____ / _____ / _____ Male Female
Last First Middle Init.

Fall of '16 School _____ Fall of '16 Grade _____

Parent/Guardian _____ Phone (H) _____ (W) _____ (Cell) _____

Address _____ City _____ State _____ Zip _____

Second Parent _____ Phone (H) _____ (W) _____ (Cell) _____

Alt. Emergency Contact _____ Relationship _____ Phone _____

Parent email address _____ Student email address _____

Medical insurance carrier _____ Policy# _____ Group# _____

Carrier address _____ Name of insured person _____

Insured person's place of employment _____ Insured Person's social security# _____

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Health History (Check. Give approximate dates)

_____ Frequent Ear Infections _____ Diabetes _____ Mumps
 _____ Heart Defect/Disease _____ Asthma _____ Mononucleosis
 _____ Seizures _____ ADD/ADHD _____ Downs Syn.
 _____ Tourettes Syn. _____ Chicken Pox _____ Measles
 _____ Bleeding Disorders

Allergies (dates not needed)

_____ Hay Fever _____ Penicillin
 _____ Ivy Poisoning, etc. _____ Insect Stings
 _____ Other _____
 _____ Drugs (specify) _____

Chronic/recurring illness/medical conditions including mental illness (depression, anxiety, etc.) _____

Dietary restrictions _____

Current medications (List both prescription, OTC & herbal)

Medication name: _____ Dosage _____ Reason for taking _____

Medication name: _____ Dosage _____ Reason for taking _____

Blood type (if known) _____ Are all immunizations current? (MMR, tetanus-every 10 years, hepatitis) Yes No

Describe your students swimming ability: Beginner Intermediate Lifeguard certified

Any other information you feel the leaders should know in advance about your student. _____

For your information, these are our rules of conduct expected from each student:

- Respect one another, staff and adult leaders
- No alcohol, drugs, tobacco
- No lighters permitted
- No fighting, weapons, fireworks, explosives
- No students permitted to drive for events
- Participation with the group expected
- No offensive or immodest clothing
- No boys in girl's sleeping quarter & visa versa
- No 2-piece swim suits or guys Speedos
- Respect and comply with event schedules
- No cell phones/portable entertainment systems
- Respect property

Failure to comply with these expectations could result in your child being sent home at your expense.

My child has permission to attend all church sponsored youth activities as listed in the web calendars, including but not

limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice-skating, volleyball, softball, baseball, camping, downhill skiing, snow-boarding, hiking, biking, concerts, Bible studies, miniature golf, hayrides, etc.

Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to City Church prior to that event.

Parent/guardian signature _____ Date _____

Student signature _____ Date _____

(Wait, there's more !)

CITY CHURCH STUDENT MINISTRIES
WAIVER AND RELEASE FROM LIABILITY
Effective June 2016 to June 2017

I(We) acknowledge that my child's participation in the City Church youth program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: athletic games, local and regional excursions, and meetings. I(We) acknowledge that my child's participation in any City Church youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the City Church youth program activities, I(we) agree to the following:

Initial _____

City Church is not responsible for the loss or theft of personal belongings.

Initial _____

Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

Initial _____

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I **waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in City Church's youth activities, the following persons or entities: City Church, its pastors, employees, and volunteers: B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of City Church, its staff or volunteers and: c) **I indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions.

I hereby assume the risks of my child participating in all City Church youth activities.

Initial _____

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to City Church representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

Initial _____

I give my permission for my child's image to be used in video presentations and printed publications of City Church including the internet website. I understand that my child's name will not be used in conjunction with any photos or video images without my written permission.

Initial _____

I give my permission to the staff to administer antibiotic ointment (Neosporin), Tylenol/Acetaminophen, Motrin/Ibuprofen, Benadryl/Diphenhydramine or over the counter antacids as needed.

Student's name _____

Parent(s)/Guardian signature _____

Parent(s)/Guardian Phone _____ Date _____