



# City Church Student Ministries

## Registration/Permission/Health Information

**Effective: June 20\_\_ - June 20\_\_**

*Please Print In Ink*

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female  
Last First Middle Init.

Fall of '\_\_\_\_ School \_\_\_\_\_ Fall of '\_\_\_\_ 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 fighting, weapons, fireworks, explosives
- No offensive or immodest clothing, including swimwear
- Respect and comly with event schedules
- No alcohol, drugs, tobacco
- No students permitted to drive for events
- No boy's in girl's sleeping quarter & vice versa
- No cell phones/portable entertainment systems
- No lighters permitted
- Participation with the group expected
- 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 20\_\_ to June 20\_\_**

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 both City Church's and it's Young Life partnership related promotional material. Said material shall include, but shall not be limited to: video presentations; photo presentations; printed publications; ministry websites; Instagram; YouTube; Vimeo. 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 \_\_\_\_\_