

**The Garden Christian Assembly
24/7/365 Youth Ministries Activity Release Form
2010-2011**

***ONE FORM PER MINOR ***

THANKS FOR PRINTING SO WE CAN READ YOUR WRITING!

THE FOLLOWING RELEASE MUST BE COMPLETED IN FULL (BOTH SIDES) SIGNED TO COMPLETE THE RELEASE PROCESS.

STUDENT INFO:

First Name

Last Name

Street Address

City

State

Zip

Birthdate (Month/Day/Year)

Age today

Grade in (or entering if competing form in the summer)

PARENT/GUARDIAN INFO:

I am the student's Parent Legal guardian

First Name(s)

Last Name

Street Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

E-Mail

Authorized alternate contact if parent/guardian cannot be reached: _____
First Name Last Name

Relationship to student (if any, or "family friend"):

Home Phone

Cell Phone

Work Phone

INSURANCE/MEDICAL INFO:

In the unlikely event that professional medical attention is required, please provide medical insurance information for your child:

Insurance company: _____

Policy # _____

Group# _____

Name of policyholder: _____

Check here if no medical insurance applies.

I _____
(PRINT Parent/Guardian's Name)

am responsible for any and all medical care needed for

_____ while participating in events sponsored by 24/7/365 Youth Ministries.
(PRINT Student's Name)

In case of medical emergency for my student, I hereby authorize Garden Christian Assembly and/or 24/7/365 Youth Staff to act in their best judgment to seek medical attention through appropriate means, including emergency room treatment as deemed appropriate by attending medical personnel and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation. I also accept responsibility for expenses incurred through such treatment.

Student's Primary Care Physician: _____

Phone: _____

Tetanus booster up to date? Yes No

Immunizations up to date? Yes No

Continued on reverse ↻

PARENT/GUARDIAN CONSENT:

I release The Garden Christian Assembly, 24/7/365 Youth Ministries and/or respective agents from any liability or injury or damage and assume all risks relating to my student's participation in all activities related to 24/7/365 Youth Ministries on and off the Property of The Garden Christian Assembly.

By signing this form, I declare that I am the legal parent/guardian of the minor child listed and am authorized to grant permission for them to participate in activities sponsored by The Garden Christian Assembly and 24/7/365 Youth Ministries. Activities involving other entities may require additional releases and will be provided on an individual basis.

I understand and agree that The Garden Christian Assembly and 24/7/365 Youth Ministries are not responsible for personal property that is lost, damaged, or stolen in connection with 24/7/365 activities.

I understand that in the event that my child is involved in behavior that is unacceptable, such as creating a danger to themselves or others, and failure to comply with activity rules is refused, immediate expulsion from the activity may be applied.

In the event that no resolution can be achieved, the child will be isolated and detained until a parent/guardian or immediate family member can reach the activity location. I do hereby agree to provide immediate transportation home from the activity if such an occurrence involves my child and I accept responsibility for any expenses incurred for said transportation.

This agreement is in effect from _____, 2010 through September 30, 2011.
(print today's date)

Parent/Guardian Signature (if camper is under 18)

Date

Additional Parent/Guardian Signature (if required by custody agreement)

Date

Additional Parent/Guardian Name PRINTED

MEDICATION/ALLERGY LIST

Medication

Dosage

Any food or medicine allergies? No Yes (list): _____

Anything else you'd like to let us know about your student?

OFFICE USE ONLY

Date Form Received: _____

Received By: _____

Comments: _____

