

Student Ministries registration & medical release form :: Aug. 2010 - Oct. 2011

Student Name _____

Date of Birth _____

Gender _____

Address _____

City _____ Zip _____

School _____

Student Home Phone _____

Student Cell Phone _____

Do you text? If so, list carrier: _____

Student Email _____

Parent Name _____

Parent Cell _____

Parent Email _____

I prefer to be contacted by

 Email Phone

Is Calvary your home church?

 Yes No

Home Church _____

I am a guest of: _____

Small Group Leader _____

I prefer to be placed with these friends:

This applies to small groups and retreats.

I, the parent or legal guardian of, _____ give permission for the above named child to participate in the high school ministry activities conducted by Calvary Student Ministries from August 2010 to October 2011.

I, the parent or legal guardian of, _____ do release Calvary Church, and all staff of any responsibility for accidental injuries sustained to, during and from all student ministry activities from August 2010 to October 2011.

In case of an emergency, I, the parent or legal guardian of the above named child, hereby give permission to the physician and/or hospital to order injection, anesthesia or surgery for my child as deemed necessary by the appropriate professionals and in accordance with my child's medical history.

Waiver and Release from Liability

Please initial on the lines provided.

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

_____ 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.

_____ I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed and online publications as well as the annual photo directory along with their address.

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 Calvary Church's youth activities, the following person, or entities: Calvary Church, its senior pastor and pastoral staff, board, employees, volunteers, representatives, subcontractors and agents of any of the above.

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 Calvary Church staff or volunteers.

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 Calvary Church _____ Student Ministries activities.

form continues on the back

Photocopies of this signed original shall be deemed to be an original counterpart of this authorization.

