

YOUTH MINISTRY ACTIVITY

Registration, Release and Consent to participate

Every person under the age of 18 must bring this form to trip.

Parents Contact Info: Name _____ Cell: _____ Alternate: _____

Student's Name: _____ (Registrant) Birth Date: _____

I, _____, the Parent or Legal Guardian of the above-referenced registrant, hereby grant my consent to have the registrant to participate in (event) _____ Date Start _____ Date End _____.

Health History: Please indicate whether any of the information below pertains to the registrant. Please provide dates or details in the space below.
PLEASE INDICATE WHETHER THE REGISTRANT HAS ANY OTHER HEALTH CONCERNS, EVEN IF NOT CONTAINED WITHIN THE CHECKLIST BELOW.

General: Frequent ear infections _____ Hay Fever _____ Heart defect/ disease _____ Insect stings (allergic) _____ Convulsions _____
 Penicillin _____ Diabetes _____ Bleeding/clotting disorders _____ Bed wetting _____ Sleep Walking _____ Operations/ Serious Injuries _____
 Other Drugs (list) _____

Diseases: Chicken Pox _____ German Measles _____ Asthma _____ Mumps _____ Measles _____

- 1) To your knowledge, has the registrant been exposed to any communicable diseases within the past 21 days? Yes _____ No _____
 If yes explain: _____
- 2) Do you know of any health factor that makes it advisable for the registrant to follow a limited program of Physical activity?
 Yes _____ No _____
 If yes explain: _____
- 3) Please give us the name and phone number of you the registrant's Primary Care Physician/Pediatrician:
 Name: _____ Phone: _____
- 4) Please list any other medical concerns that pertain to the registrant: _____

Name of medical insurance: _____ Medical Insurance #: _____

5) PLEASE LIST ANY MEDICATIONS THAT THE REGISTRANT WILL NEED TO HAVE DURING THE TRIP.

<u>Medication</u>	<u>Dosage</u>	<u>When Taken</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Any medication (including prescriptions) to be administered during the registrant's time on the above-referenced activity or trip will be administered by a designated group leader or other representative. All medication should be clearly labeled **by the parent and/or legal guardian** with all pertinent administration information, including registrant's FULL name, dosage AND administration times and intervals (including any post-administration limitations), and given to the Youth Pastor on the morning the registrant leaves for an activity or trip.

****In the event of a minor illness or injury (such as cold, headache, scrapes, sprains, abrasions, and/or small cuts), I do authorize the Staff or representatives to give the registrant common remedies such as Tylenol, Motrin, cough medicine, or other over the counter medications., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.**

IMPORTANT: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities as noted by me and/or my physician. I hereby give permission to the physician selected by the Youth Pastor (or his/her representative) to order X-rays, routine tests, and treatment for the health of my child and to order injection and/or anesthesia and/or surgery for my child named above.

This authorization shall remain effective through the extent of the scheduled program with Calvary Chapel, unless sooner revoked in writing and delivered to said agent. I further agree that Calvary Chapel their Board of Directors, officers, and staff are hereby relieved of all liability in the event of accident or injury to said Minor.

*****Continued on Page 2, Please Sign and Date*****

THE UNDERSIGNED INDIVIDUAL ATTESTS THAT THEY ARE THE AUTHORIZED PARENT OR LEGAL GUARDIAN FOR THE REGISTRANT. FURTHER, THE UNDERSIGNED ACKNOWLEDGES THAT CALVARY CHAPEL, ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS SHALL NOT BE LIABLE FOR ANY DAMAGES OR INJURIES TO THE REGISTRANT DURING THE ACTIVITY OR PROGRAM. THIS RELEASE SPECIFICALLY INCLUDES DAMAGES OR INJURIES SUSTAINED DUE TO THE NEGLIGENCE OF THE CALVARY CHAPEL DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS.

I AM AWARE THAT THIS ACTIVITY AND/OR PROGRAM MAY INVOLVE PARTICIPATION IN AREAS OF POOR LIGHTING, ROUGH TERRAIN, AND OTHER NATURAL AND MAN-MADE ELEMENTS THAT COULD RESULT IN INJURY. THE UNDERSIGNED HEREBY ASSUMES ALL RISKS AND FINANCIAL RESPONSIBILITY THEREFOR, AND RELEASE CALVARY CHAPEL AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER IT STEMS FROM THE NEGLIGENCE OF CALVARY CHAPEL DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS.

Parent/Guardian Signature:

Date:

Parent/Guardian Printed Name & Title

Parent Contact Information

Phone _____

Secondary Phone _____

Email _____