

Hopewell Christian Fellowship Fusion Student Ministry Release Form

Effective dates: January 1, 2018 to December 31, 2018

Please print in ink

Name: _____ Age: _____

Birth Date: _____

T-shirt Size (circle one) S M L XL XXL

Grade in School: _____ Gender: M / F

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Medical Insurance Company: _____

Policy # _____

Guardian/Medical Info:

Father's Name: _____

Phone: Home _____

Work: _____

Mother's Name: _____

Phone: Home _____

Work: _____

Emergency Contact: _____

Phone: Home _____ Work _____

Physician: _____

Office Phone: _____

Dentist: _____

Office Phone: _____

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

X _____ **Initial to signify that the above info is correct**

Check the following that apply for this person.

If necessary, add another page with details:

1. Does this person have allergies to:
____pollens____medications____food____insect bites
2. Does this person suffer from, or have you ever experienced any of the following:
____asthma____epilepsy/seizure disorder____heart trouble
____diabetes____frequently upset stomach____physical handicap
3. Date of last tetanus shot: _____
4. Does this person wear glasses or contact lenses? Y / N
5. Please list and explain any major illnesses this person has experienced during the last year:
6. Should this persons activities be limited for any reason? Please explain: _____

Consent Form

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Hopewell Christian Fellowship and its staff of any liability against personal losses of the named person. I the undersigned have legal custody of the named person, a minor, and have given consent for him/her to participate in events with Hopewell Christian Fellowship and Fusion Youth Ministry. I understand that there are inherent risks involved in any ministry or athletic event, and I release the church, its pastors, employees, agents, and volunteer workers from any and all liability for injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that I/he/she is injured I consent to reasonable medical treatment as deemed necessary by a licensed physician.

In the event treatment is required from a physician and/or hospital personnel designated by the church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further I affirm that the health insurance information previously provided and on file is accurate at this date and will, to the best of my knowledge, still be the force for myself/student named. I also agree to travel to bring my child home at my own expense should I/they become ill, or if deemed necessary by the church's staff.

I also acknowledge that photographs may be taken of my student at events and may be used for promotional purposes including, but not limited to, fliers, banners, and the church/youth ministry website.

X _____ **Initial that you have read and accept the preceding consent statement**
Conduct

1. No students may drive to or during youth trips
2. No student is allowed to go off by himself or herself
3. Possession of tobacco, alcohol, illegal drugs, firearms, knives, or pornography will result in immediate dismissal from the event, which will require the student to be picked up from the event IMMEDIATELY by parents.
4. Cell phones may be collected on certain trips, but access to contact parents will be granted periodically.
5. Medicines-Students are required to make staff aware of any prescription medications they may be taking
6. We reserve the right to inspect the bags and rooms of all students
7. Members of the opposite sex are prohibited from entering each other's rooms, unless an adult is present and gives permission.
8. Proper modest attire must be worn at all times.
9. All students are required to participate.
10. Hopewell Christian Fellowship will not be responsible for incidental charges/damages to hotel rooms, or for personal property damaged or stolen while participating in youth activities.

Parent/Guardian Signature: _____ **Date:** _____