



Participant Information:

Name: _____

Address: _____

Home Phone # _____ Cell Phone # _____

Gender: Male / Female Age _____ Grade _____

Name of Parent / Guardian: _____

Emergency Contact – Name _____ Phone # _____

Wears Glasses / Contacts? Yes / No

Medications? Yes / No If yes, please list _____

Allergies? Yes / No If yes, what? _____

Other Physical or Medical Conditions? Yes / No If yes, please list _____

Name of Physician? _____

Is participant covered by personal / family medical insurance? Yes / No

If Insured, Name of Insurer: _____

Policy or Group Number: _____

Please read and sign the back of card

Please read and sign the back of card

I acknowledge that participation in any youth activity involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration of the opportunity to participate in Church-sponsored youth activities, the Participant (or parent/guardian, if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to / from the Activity. Further, the Participant (or parent / guardian) releases and promises to indemnify, defend, and hold harmless the Activity sponsor (Church), its officers, pastors and volunteer youth leaders for any injury arising directly or indirectly out of the Activity or transportation to and from, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise. As Participant (or Parent / Guardian, if a minor), I am responsible for the health care decision of Participant and am authorized to consent to medical treatment, if necessary.

The Participant (or parent / guardian, if a minor) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to / from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers or other representatives of Sponsor.

Participant Signature _____ Date: _____

Parent / Guardian Signature _____ Date: _____