



# Health, Consent and Release Form

Parent and Student Registration Release Form for 20\_\_

(Please Print)

PARTICIPANT \_\_\_\_\_ GENDER \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_  
(Student's Name)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

In case of injury or need of assistance, the best available emergency contact person is:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MEDICAL INSURANCE \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Medical history of:  Hay Fever/Asthma  Heart troubles  Epilepsy  Diabetes  Bleeding/Clotting disorder  Ear infections

Date of last Tetanus Booster: \_\_\_\_\_

Chronic or recurring illness or medical condition: \_\_\_\_\_

Any treatment to be continued: \_\_\_\_\_

Any medication to be administered during event: (list specific dosage/instructions) \_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions: \_\_\_\_\_

Any allergies (foods, drugs, plants, insects) \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Activities to be limited: \_\_\_\_\_

Any additional concerns or health information: \_\_\_\_\_

## PARENT/GUARDIAN AGREEMENT:

We, the undersigned parents/guardians of the above named participant, grant permission for the participant to participate in all activities sponsored by South Hills Church except as noted. We, as parents/guardians, have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities.

### INDEMNITY AGREEMENT

We, as parents/guardians, understand that this activity, as in any activity for youth, does present the risk of injury, or even death, to the participant, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability to any other person or entity arising as a result of the conduct of the participant in this activity and agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such contact.



**AUTHORIZATION FOR TREATMENT**

I/we affirm that the health insurance and information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. If we, as parents/guardians, are not personally present at these activities which the participant is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant. If an injury occurs to the participant, we understand South Hills Church provides limited liability insurance which comes into effect as a secondary coverage after the parent/family medical insurance. I give permission to the medical personnel selected by the leaders South Hills Church to release any records necessary for insurance purposes.

**WAIVER AND RELEASE**

This is a Christian event that will have a spiritual emphasis. Specific guidelines will be handed out and verbally given to students so that they may be aware of the leader's expectations for the event.

My/our child is under the supervision of South Hills Church and its youth leaders. Activities for in and out of town events may include any of the following: Transportation, biking, day & night hikes, camping, backpacking, caving, exploring, climbing, rappelling, paint ball, fishing, whitewater rafting, boating, swimming, waterskiing, snow skiing, snowboarding, inner tubing, winter and summer activities, etc.

We, as parents or guardians, authorize transportation and supervision by SOUTH HILLS CHURCH and its youth leaders.

I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

I hereby grant permission to South Hills Church to photograph the participant during event activities and to use the photographs in South Hills Church audio-visual and printed materials without compensation or approval rights.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**STUDENT/PARTICIPANT AGREEMENT:**

I, as the participant, understand that while in attendance of the South Hills Church Youth events, I am under the direction and authority of those leaders in charge. I also understand this to be a Christian event that will have a spiritual emphasis.

I understand that the following activities will NOT be tolerated and will result in automatic expulsion from the event at the student's/parent's expense.

1. Use or possession of illegal substances (alcoholic beverages, drugs, drug paraphernalia, tobacco products, weapon(s) fireworks)
2. Sexually immoral behavior or suggestive conduct
3. Violent, destructive, rebellious, or abusive behavior

Deviations from the event's guidelines will result in a warning to the student and be followed up with appropriate action if the behavior persists as determined by the leadership. In some cases, a phone call to the parents may be necessary and/or expulsion.

I understand that I must register with the church group to attend. These events will be run within the standards set by the NWCBA or South Hills Church and I am expected as a participant to be with the group at all times.

I have read this entire form and understand and agree to its contents.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_