

FIRST CHRISTIAN CHURCH of REPUBLIC, 200__ RELEASE FORM

As PARENT or legal guardian of the student listed below I hereby give permission for him/her to participate in year's activities organized by First Christian Church.

Covering: **ALL ACTIVITIES ORGANIZED FOR STUDENTS BY FIRST CHRISTIAN CHURCH, ITS STAFF, SUNDAY SCHOOL TEACHERS, OR OTHERS UNDER THE DIRECTION OF FIRST CHRISTIAN, FOR THE CALENDAR YEAR OF 200__.** (See below)

I understand that, in the event that _____ (minor's name) requires medical or dental treatment while engaged in the activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give my permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination, injections, anesthesia, medical, dental, or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by First Christian through its accident policy will be used, as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by First Christian and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I also agree not to hold First Christian, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred during my student's participation in the 200__ activities and events.

Please mark out any activities your student is not allowed to participate in.

<input type="checkbox"/>	Campouts	<input type="checkbox"/>	Lock-In @ Church	<input type="checkbox"/>	Various Games @ Church
<input type="checkbox"/>	Attending Christian Concerts	<input type="checkbox"/>	Movies @ Church	<input type="checkbox"/>	Various Sports @ Church
<input type="checkbox"/>	Barn Swings (Ozark)	<input type="checkbox"/>	Nursing Home visits	<input type="checkbox"/>	Water park – Branson
<input type="checkbox"/>	Bible Studies	<input type="checkbox"/>	Paintball	<input type="checkbox"/>	Youth Rallies in Republic
<input type="checkbox"/>	Bonfires	<input type="checkbox"/>	Parties @ Church	<input type="checkbox"/>	
<input type="checkbox"/>	Canoe Float Trips	<input type="checkbox"/>	Pool Parties	<input type="checkbox"/>	
<input type="checkbox"/>	Car Washes	<input type="checkbox"/>	Rock Climbing	<input type="checkbox"/>	
<input type="checkbox"/>	Christmas Parade	<input type="checkbox"/>	Service Projects	<input type="checkbox"/>	
<input type="checkbox"/>	Verona Corn Maze	<input type="checkbox"/>	Silver Dollar City	<input type="checkbox"/>	
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Skate Park Trip	<input type="checkbox"/>	
<input type="checkbox"/>	Ice Skating	<input type="checkbox"/>		<input type="checkbox"/>	

Are there any other special circumstances we should keep in mind for your student during one (or more) of these activities?

PLEASE PRINT

Student Name (First) _____ Last Name _____

Street Address _____ Phone # _____

City/State/Zip _____

Guardian Phone _____ Cell/Work Phone _____

Street Address _____

Emergency Name (1) _____ Phone _____

Emergency Name (2) _____ Phone _____

Student's Birth Date ____/____/____ Social Security # ____-____-____

Insurance Company _____ Policy # _____

Name on Insurance Policy _____

Family Doctor _____ Phone _____

Existing Medical Conditions/History _____

Medicines being taken _____

Date of last Tetanus shot _____

Guidelines for Student Conduct & Safety

1. No illegal substances.
2. No Public Displays of Affection (PDA) beyond holding hands.
3. No obscene language or gestures.
4. Students may not drive to activity locations outside Republic.
5. Do follow specific safety guidelines for activity.
6. Do respect and obey sponsors and activity leaders.
7. Do listen for changes in schedules and rules specific to the activity.
8. Do look for ways to share your faith with visitors.

Please understand that failure to follow these guidelines may result in being sent home at the student/parent's expense, and/or loss of privileges to attend other special events.

I have read the conduct and safety guidelines and agree to follow them.

Student Signature

I have read and understood this form.

Guardian's Name (printed) _____

Signature _____ Date _____
(Parent or Guardian)