

Singing Hills Christian Church

DISCIPLINE, LIABILITY, AND MEDICAL RELEASE FORM

THIS FORM MUST BE PRESENTED AT REGISTRATION FOR ALL CHILDREN ATTENDING THE EVENT. (SORRY, NO EXCEPTIONS!). SINGING HILLS CHRISTIAN CHURCH CANNOT ALLOW ANYONE TO ATTEND ACTIVITIES WITHOUT THIS FORM PROPERLY COMPLETED AND SIGNED.

I, the undersigned parent or legal guardian of the minor child named below (the "Child"), hereby consent to the Child's participation in the following Singing Hills Christian Church (the "Church") activity:

ALL YOUTH GROUP EVENTS SEPTEMBER 1ST 2011-SEPTEMBER 1ST 2012

I hereby confirm that the Child understands that all participants must abide by the Church's rules and will be directly responsible to the Church's Children Directors and adult supervisors for any misconduct. I understand that the Church's Children Directors and adult supervisors will be responsible for all discipline at the activity, and I agree to immediately retrieve the Child upon notification, in the event the activity supervisors believe it necessary for the Child to leave the activity due to the Child's disobedience or misconduct.

Further, I hereby release and agree to defend and hold harmless the Church, its employees and agents, including but not limited to its volunteers and adult supervisors, from any claims asserted by me, the Child, or any member of the Child's family arising from the Child's participation in the activity, including transportation to and from the activity if required. I also agree to indemnify the Church, its employees and agents, including but not limited to its volunteers and adult supervisors, against any other claims by any other parties arising from the Child's participation in this activity. The undersigned and the Child hereby assume the risk of injury to the Child or other damage arising from participation in the activity, including transportation to and from the activity if required. Please check one of the boxes below for use of photos/videos of the Child hereby named:

I hereby give the Church permission to use photos/videos for Church publications (i.e. website, newsletters, etc.)

I do not give the Church permission to use photos/videos for Church publications (i.e. website, newsletters, etc.)

Further, in the event I cannot be reached by phone, I hereby authorize the Church's Children Directors or adult supervisors to give consent to any doctor or hospital for any medical or surgical treatment to the Child that the Church's Children Directors and/or adult supervisors deem necessary while the Child is under the Church's supervision. I agree to assume full financial responsibility for any expense incurred for said treatment. I hereby confirm that the Child is covered by adequate accident insurance and understand that while the Church will attempt to comply with the insurance requirements, urgent circumstances may require medical treatment outside of the insurance coverage.

Child's Name: _____ Date of Birth: _____
Last First M.I.

List any allergies/medical conditions/current medications: _____

Primary Physician's Name and Phone Number: _____

Health Insurance Co. _____ Policy # _____

Father's Name: _____ Mother's Name: _____

Home Address: _____ City: _____ State: _____ Zip Code _____

Daytime Phone: _____ Evening Phone: _____

PERSON TO NOTIFY IN THE EVENT YOU CANNOT BE REACHED:

Name: _____ Relationship: _____ Phone: _____

I confirm that the above information is correct, and I voluntarily agree and consent to the terms herein.

Signature of Parent or Legal Guardian Date

Please print name: _____ Relationship to Child: _____