

***See the student agreement at the bottom of this sheet

Woodland Heights Christian Church

Discipline, Liability, and Medical Release Form

(Please Print)

Youth Event _____

Name of Student _____ Mother's Name _____

Street Address _____ Father's Name _____

City _____ State _____ Zip _____

Phone (____) ____ - _____ Cell #'s (____) ____ - _____, (____) ____ - _____

Current Grade _____ Date of Birth ____/____/____

Health Insurance Company _____ Policy # _____

List of known allergies & medications that the student is currently taking: _____

I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in this youth event. The student identified on this form understands that all participants are expected to abide by the given rules and be directly responsible to the youth minister or sponsor. The youth minister assumes responsibility for discipline at the event and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I (the parent or legal guardian) will assume full responsibility for returning the student home.

Further, I, the parent or legal guardian, do authorize the youth minister or any youth sponsor of this activity, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment. It is understood that I will assume financial responsibility for any expense that may be incurred for said medical treatment.

Further, I do release and hereby agree to hold blameless the Woodland Heights Christian Church, and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with this youth event.

Further, I give the Woodland Heights Christian Church permission to use photo and video taken during the youth event in future promotional materials.

Further, I do certify that said student is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Parent or Legal Guardian _____ Date _____

Person to notify in event you cannot be reached:

Name _____ Relationship _____ Phone (____) ____ - _____
Cell # (____) ____ - _____

***Student Agreement

I agree to obey the set rules of the event which I am attending. These rules include but are not limited to:

Wearing a seatbelt in any vehicle at all times. (the Church insurance requires it)

The housing rules of the event. (ex. no students in room of opposite gender, no destruction or defacing of property etc.)

Behavior rules of the concert venue or event venue. (no moshing, crowd surfing, etc.)

Proper clothing for the event.

I understand that if I do not follow these rules then I will be contacting my parents for them to take me home from the event.

Student Signature _____ Date _____