

Calvary Church Student Ministries



Last Name: _____

Grade: 5 6 7 8 9 10 11 12
2011-2012

registration & medical release form :: Aug. 2011 - Oct. 2012

Student Name _____

Date of Birth _____

Gender _____

Address _____

City _____ Zip _____

School _____

Student Home Phone _____

Student Cell Phone _____

Do you text? If so, list carrier: _____

Student Email _____

Parent Name _____

Parent Cell _____

Parent Email _____

I prefer to be contacted by

Email Phone

Is Calvary your home church?

Yes No

Home Church _____

I am a guest of: _____

Small Group Leader _____

I prefer to be placed with these friends:

This applies to small groups and retreats.

I, the parent or legal guardian of, _____
give permission for the above named child to participate in the high school ministry activities conducted by Calvary Student Ministries from August 2011 to October 2012.

I, the parent or legal guardian of, _____
do release Calvary Church, and all staff of any responsibility for accidental injuries sustained to, during and from all student ministry activities from August 2011 to October 2012.

In case of an emergency, I, the parent or legal guardian of the above named child, hereby give permission to the physician and/or hospital to order injection, anesthesia or surgery for my child as deemed necessary by the appropriate professionals and in accordance with my child's medical history.

Waiver and Release from Liability

Please initial on the lines provided.

_____ Calvary Church is not responsible for the loss or theft of
_____ personal belongings.

_____ Misconduct may result in transportation home from an
_____ activity at parents' expense. A student dismissed for a
_____ disciplinary reason will not receive a refund of the activity
_____ fee.

_____ I understand and authorize that my child's image may be
_____ photographed or filmed and used in video presentations,
_____ printed and online publications as well as the annual photo
_____ directory along with their address.

_____ I hereby take the following action for my child, myself, my
_____ executors, administrators, heir, next of kin, successors and
_____ assigns:

a) I agree not to sue any of the persons or entities mentioned
above for any of the claims or liabilities that I have waived,
released or discharged herein except in the case of gross
negligence on the part of Calvary Church staff or volunteers.
b) I indemnify and hold harmless the person or entities
mentioned above from any claims made or liabilities assessed
against them as a result of my child's actions. I hereby
assume the risks of my child participating in Calvary Church
_____ Student Ministries activities.

form continues on the back

Student Ministries registration & medical release form :: Aug. 2011 - Oct. 2012 *cont.*

Please fill in the necessary insurance information below.

Name of Insurance Company _____

Policy Number _____

Phone/Address of Health Insurance Company _____

Name of Policy Holder _____

Policy Holder's Phone Number _____

Father's Name (please print) _____

Father's Signature _____ Date _____

Mother's Name (please print) _____

Mother's Signature _____ Date _____

Please list any existing medical conditions below.

Are there any special needs (ex. social disorders, disabilities, etc.) or special circumstances (ex. recent deaths in the family), that you would like us to be aware of?

If you would like to speak with a pastor regarding the needs of your child, please contact the Student Ministries Office (calvarystudents@calvarygr.org) at 956-9377, ext. 5181.

FOR OFFICE USE ONLY

Date Received: _____

Shelby Update: _____