

Revive Annual Permission Form 2016-2017

Complete the information below if you have not done so for the 2016-2017 year.
If your student's information is already on file,
please sign here _____



4245 Vista Pointe Dr.
Medford, OR 97504
541-779-5771
www.medfordbethel.com
facebook.com/
bethelchurchmedfordoregon

Student's Information

First Name _____ Last Name _____
Birth Date ___/___/___ Grade _____ Age _____ Last Tetanus Injection ___/___/___
Address _____
City, State, and Zip _____
Medical Conditions, Allergies, Medications or other information _____
Physical Limitations/Exception of Activities _____

Does your student have health insurance? Yes ___ No ___
Insurance Company _____ Policy # _____ Group # _____
In whose name is the insurance? _____

Parent/Guardian 1	Parent/Guardian 2
Full Name _____	Full Name _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Relationship to student _____	Relationship to student _____

In the event that I/we can't be reached, an emergency call may be made to the following person _____ Phone # _____
List the names of others authorized to pick up your student _____

As parent/legal guardian of _____ (Students name, first and last), I have reviewed the information about the *Revive* Student Ministries at Bethel Church and give my permission for the subject of this release to be involved in the overall activities of Bethel Church *Revive* Student Ministries and in the specific activities and events of *Revive* Students Ministries. The subject of this release has my permission to participate in events where he/she is driven in a vehicle by someone other than his/her own parent or guardian.

I understand all reasonable safety precautions will be taken at all times by Bethel Church and its agents during activities and events. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Bethel Church, its leaders, employees, and volunteers liable for damages, losses, diseases or injuries incurred by the subject of this release incurred during activities and events.

In the event of an emergency affecting the health or welfare of this participant, the leaders, employees, and volunteers of Bethel Church have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. Any medical expenses occurring will be borne by the participant or parent/guardians of the participant.

I have reviewed the rules of the activities and events of *Revive* Student Ministries and agree that the subject of this release will abide by them. If the subject of the release has to return home early because of discipline violations, it will be at my expense.

I consent to the use of any video images, photographs, or audio recordings taken of the subject during activities and events of Bethel Church to be used, distributed, or shown as Bethel Church sees fit.

Parent/Guardian Signature _____ Date _____