Parent Permission - Release Form

Dear Parent/Guardian,
Please fill out the following information for the Cypress Church Jr. High and Sr. High Programs and events for the inclusive years your child remains eligible for our age related program and events. You have an immediate obligation to notify us regarding any medical conditions, contact information, or changes in insurance provider that may change your child's eligibility to participate.

This permission slip must be completed and signed in order for your child to participate.

ONE FORM MUST BE COMPLETELY FILLED OUT FOR EACH CHILD. PLEASE PRINT.

Child's Name ____

Address ____

City________________________ State _______ Zip ______________

Phone ________________ Age ________ Birthday __________ Grade _____

Parent/Guardian ________________ Home # __________ Work #____________

Email: ________________________________

Other Emergency Contact ____________________ Phone # ______________
What Church do you attend? ________________________________

I the undersigned parent/guardian of ________________, do hereby authorize the adult sponsor of Cypress Church bearing this written authorization, into whose said care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

FINANCIAL RESPONSIBILITY

In the event of injury or illness to my child/ward, I agree that I and my health care insurer shall be primarily financially responsible for any medical treatment required by my child/ward as a result of any injury or illness suffered during his/her participation in any church related activities. Cypress Church provides secondary insurance to cover any medical treatment described herein.

RISK AND INDEMNITY

(Athletics, games, travel, hiking, climbing, projects, weather, hobbies, tasks, and other related activities) I am aware that these activities may involve some hazard. I have considered these risks and I still wish my child to participate. In consideration of my child/ward participating in these activities, I agree not to bring legal action against Cypress Church, staff or sponsors as a result of any injury suffered in the course of my child's/ward's participation. This authorization is given pursuant to the provisions in Section 25.8 of the Civil Code of California. On behalf of myself and my child/ward, I shall indemnify, hold free and harmless, assume liability for, and defend the Cypress Church, its agents, servants, employees, officers, and directors from any and all costs and expenses, including but not limited to attorneys' fees, reasonable investigative and discovery costs, court costs, and all other sums, which the Cypress Church, its agents, servants, employees, officers, and directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion or liability, or any claim or action founded thereon, arising or alleged to have arisen out of my child's/ward's use of real or personal property belonging to the Cypress Church, it's agents, servants, employees, officers and directors, or by reason of my child's/ward's participation in any Cypress Church activity (ies).

TERM OF AGREEMENT

This authorization will remain in effect until the end of the school year while the minor above is enroute to or from or involved or participating in any program or activity authorized by Cypress Church, unless revoked by the undersigned in writing and delivered to the agent of Cypress Church.

I have read, understand, and agree to the terms of this agreement. DATED: ______________

Signature of Parent or Legal Guardian ________________________________

MEDICAL INFORMATION

Medical Insurance Company Policy #

Doctor's Name Phone #

☐ Asthma ☐ Hay Fever ☐ Seizure ☐Food Allergy ☐ Nervous Disorder

☐ Cardiac ☐ Chronic Asthma ☐ Epilepsy ☐ Physical Disorder ☐ Other

☐ Diabetes ☐ Physical Disorder ☐ Insect Stings ☐ Emotional Disorder

If you have checked any of the above, please give **Details**________________________________