

THE RIVER CHURCH- EMERGENCY INFORMATION

River Children's and Youth Ministries

For all activities sponsored by The River CRC
Between September 1, 2016-August 31, 2017



Last : _____
First : _____

Student _____ Gender _____ Grade _____
Last First

Birthdate ___/___/_____ Student Cell Phone _____ T-shirt Size _____

Address _____
Street City State Zip Code

PARENT CONTACTS:

Fathers Name _____ Cell Ph. _____

Home Ph. _____ Email _____

Mother's Name _____ Cell Ph. _____

Home Ph. _____ Email _____

EMERGENCY CONTACTS:

Name _____ Cell Ph. _____ Relationship _____

Name _____ Cell Ph. _____ Relationship _____

Release Form

Minor Child

I hereby certify that I am the parent or legal guardian of the above named participant and I give my permission for him/her to take part in any of the physical labor and activities that will take place throughout the 2016-2017 year, sponsored by The River Christian Reformed Church (RCRC). I am aware that there may be risks and danger which I will assume personal responsibility for and will release and agree to indemnify and hold harmless RCRC, its officers and directors, employees, and any parties volunteering on behalf of RCRC, from all actions, damages, costs, expenses, or damages of any kind growing out of or related to any activities or transportation to and from activities.

In case of medical emergency, I hereby authorize the treatment of the above named participant by a qualified and licensed medical physician in the opinion of that physician the situation may endanger his/her life, causes disfigurement, physical impairment, or undue discomfort if delayed. This authorization will be in effect during the event including transportation to and from the event. This authorization is granted only after a reasonable attempt has been made to contact me.

Signature of Parent of Guardian: _____ Date: _____

Medical Information- Please print legibly

Health Insurance Company _____ Name of Policy Holder _____

Policy Number _____ Group Number _____

Doctor's Name _____ Phone Number _____

Hospital Preference _____ Date of last Tetanus (m/d/y) _____

Please list any physical limitations that might hinder participation in activities (allergies, asthma, migraines, etc.):

Please list any special information should medical treatment be required (rare blood types, medication allergies, high blood pressure, diabetes, missing organs, etc.):

Student

I hereby grant permission to The River Christian Reformed Church to use in my likeness a photograph and or video without payment or any other compensation.

(Signature) (Print) (Date)

Parent of Child Under 18

For a minor, I hereby certify that I am the parent/ legal guardian for the student printed above and hereby give my consent without reservation to the foregoing on behalf of my child and or student.

(Signature) (Print) (Date)

Student 18 and over

I am 18 years of age and am competent to contract on my own behalf. I have read this release form before signing below, and I fully understand the contents, meaning, and impact of this release.

(Signature) (Print) (Date)

PRINT AND SIGN IF YOU DO NOT give permission to The River Christian Reformed Church to use a photograph and or video of you or your child/student.

(Signature) (Print) (Date)