



Youth Release Form (Please Print)

Student's Name _____ Date of Birth ___/___/___
First Middle Last

Student's Primary Address _____ City _____

State _____ Zip Code _____ Student Age ___
_____ School Grade _____

Male? Female? Student's Mobile Number () _____ - _____

Known Allergies/Medical Conditions _____

Parent/Legal Guardians Name _____
First Last

Parent Mobile Number () _____ - _____ Alternate Number () _____ - _____

Emergency Contact or Additional Parent Name _____
First Last

Mobile Number () _____ - _____ Alternate Number () _____ - _____

Insurance Information:

Insurance Company Name _____

Policy Number _____ Group Number _____

Name of Policy Holder _____

Medical and Liability Release Statement (please initial each statement and sign at the bottom)

_____ I understand that in the event medical intervention is needed that every attempt will be made to contact the person(s) listed on this form. In the event that they cannot be reached during an event, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary by a medical professional.

_____ I understand that my insurance will be used as the primary coverage in the event medical intervention is needed.

_____ I understand that all reasonable safety precautions will be taken at all times by Sulphur Springs Christian Church and its agents during events. However, I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Sulphur Springs Christian Church, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

_____ I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this form to be used as Sulphur Springs Christian Church sees fit.

_____ I give permission to Sulphur Springs Christian Church, its staff and volunteers to take the subject of this form off of the campus of Sulphur Springs during regularly scheduled meetings and services and preplanned events. I understand that whenever possible, I will be notified prior to the meeting, service or event when we will be leaving the campus of Sulphur Springs.

Parent or Guardian Signature _____ Date ___/___/___

If you have any questions regarding this form please contact Bryan Crabtree at (765) 533-4249.