

DISCIPLINE, LIABILITY, AND MEDICAL RELEASE FORM

I, the parent or legal guardian of the minor child listed on this form, certify that he/she has my full approval to participate in ALL STUDENT MINISTRY EVENTS to be held from JUNE 1, 2018 THRU JUNE 1, 2019.

The minor identified on this form understands that all participants are expected to abide by the church rules and be directly responsible to the Youth Pastor or adult supervisors. Tigard Christian Church's Youth Pastor assumes responsibility for discipline at the activity and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I, the parent or legal guardian, will assume full responsibility for returning the minor home.

Further, I do release and hereby agree to hold harmless Tigard Christian Church and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the listed youth activity.

Further, I do authorize the minister or sponsor of this activity or any Tigard Christian Church staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment required by the minor child while on this activity. It is understood that I, the parent or legal guardian, will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said child is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Further, I do authorize photographs of my child may be used to highlight the activities of Tigard Christian Church Student Ministries without identifying who they are, in church publications or on the web.

Signature of Parent or Legal Guardian: **Date:**

Participant Information

Last Name: First Name: M.I.:
Birth date:

List known allergies, medications and dosage currently taken:

Health Insurance Company:	<input type="text"/>	Policy #:	<input type="text"/>
Father's First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Father's Cell:	<input type="text"/>	Email:	<input type="text"/>
Mother's First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Mother's Cell:	<input type="text"/>	Email:	<input type="text"/>

PERSON TO NOTIFY IN THE EVENT YOU CANNOT BE REACHED:

Name: Relationship: Phone:

THIS FORM MUST BE PRESENTED AT REGISTRATION FOR ALL STUDENTS ATTENDING THE EVENT.

TIGARD CHRISTIAN CHURCH CANNOT ALLOW ANYONE TO ATTEND ACTIVITIES WITHOUT THIS PROPERLY SIGNED FORM.

Revised 05/2018