

Activity Participation Agreement
Williamsburg Christian Church Family Ministry

Medical Information and Release Form

Student Information

Student's Name: _____ Birth date: _____ Age: _____

School: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Cell Phone: _____ Other Phone: _____

Mother's Name: _____ Cell Phone: _____ Other Phone: _____

In case of emergency call:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Medical Insurance Information

Allergies, medicines, or medical information that needs to be known about the student:

Doctor: _____ Phone: _____

Insured Parent Name: _____ Insured Parent Employer: _____

Insurance Company: _____ Policy Number: _____

Insurance Company Address: _____ City: _____

State: _____ Zip: _____ Insurance Company Phone: _____

I understand that in the event of a medical emergency every effort will be made to contact the parent or guardian listed above. However, in the event that the named parent or guardian cannot be reached, I hereby authorize the church minister(s), youth sponsors, present on such trip, activity or event to select such physicians, nurses, medical authorities, and/or hospitals to administer proper treatment for my child and/or to order and administer to him/her such injection, medication, anesthesia, surgery, hospitalization, or such other medical practices as they deem necessary.

Parent or Guardian Signature: _____ Date: _____

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Consent, Media and Liability Release

I, _____, hereby acknowledge that it is my desire (for my child) to participate in church-sponsored activities at *Williamsburg Christian Church* including activities on and/or away from the church premises as well as transportation to and from such activities.

My child is voluntarily participating in these activities, including transportation to and from such activities, with knowledge of dangers involved and hereby agree to accept any and all risks of injury as a result of such participation and transportation.

As lawful consideration for permitting my child to participate in such activities, including the transportation to and from such activities, I hereby release and discharge *Williamsburg Christian Church*, its leadership employees, volunteers, and members from all actions, claims or demands resulting from the negligence or other acts, howsoever caused, by such church, leadership employees, volunteers, and members, before or during my child's participation in such church sponsored activities on and or away from the church premises, including transportation to and from such activities.

I give permission to use media, images, and videos of my Child(ren) for webpages, publications and other formats for Williamsburg Christian Church use.

Student Transportation

I, _____, approve of and authorize the transporting of, my child _____, to and from church sponsored events in a private vehicle. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and an assumption of risks, and sign it of my own free will.

Signature of Parent or Guardian

Date

Conduct & Consequences

All students will be expected to be obedient to all Ministry Leaders and Volunteers at all times within reason. Also, students will be expected to adhere to the law at all times. No student will be allowed to put themselves or others in danger at anytime. Offenses will have consequences corresponding in severity, and shall be determined by the staff on location. No physical discipline will be used unless in effort to restrain for the sake of safety. Consequences may include, but are not limited to, verbal reprimand, loss of privileges while on trip, or being sent home. Should a student be sent home it will be at their own expense. Parents, and the student, will be expected to immediately reimburse the church for expense incurred in sending a student home. If a student is sent home, they will not be refunded their fees for an event.

I, _____ the parent/guardian of _____ understand and accept the above policy of conduct and consequences. By signing I agree that my student will be subject to these policies, and empower the Staff of Williamsburg Christian Church to act as it is appropriate in regards to my child.

Parent/Guardian Signature

Student Signature