

# NYR

With First Christian Church-Unionville

## DISCIPLINE, LIABILITY & MEDICAL RELEASE FORM

Participant Name \_\_\_\_\_ male \_\_\_ female \_\_\_ date of birth \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Church you attend \_\_\_\_\_ City/State \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Known Allergies and Reactions \_\_\_\_\_

Any physical limitations/illnesses that will interfere with full participation in activities? \_\_\_\_\_

List of Medications Currently Taking \_\_\_\_\_

Do we have permission to give: \_\_\_ aspirin products \_\_\_ Tylenol \_\_\_ other meds as needed

Parents/Legal Guardians Name (with whom you live) \_\_\_\_\_

**Emergency Contact Info** of Parent/Legal Guardian:

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to notify if parent/legal guardian cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I, the **parent or legal guardian** of the participant listed on this form, certify the he/she has my full approval to participate in this trip. The individual identified on this form understands that all participants are expected to abide by the Church rules and be directly responsible to the First Christian Church-Unionville Sponsors. The Youth Minister/Adult Sponsors assume responsibility for discipline during the trip and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless First Christian Church-Unionville and its employees and sponsors 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 trip. I also release the owner of properties on which is held. I agree to pay for any damages or property loss as determined by First Christian Church-Unionville or officials.

Further, I do authorize the minister or sponsor of this activity or any 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 while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said participant has my consent to travel with First Christian Church-Unionville and my signature is given below. I have read and agree to the information given in this entire form.

Signature of Participant Named Above \_\_\_\_\_

Printed Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

(If under 18 parent or legal guardian must sign)

Signature of the Parent/Legal Guardian \_\_\_\_\_