

Health Information/Activity Participation Form

Calvary Church Student Ministries (Grades 7-12)

Effective September 2018-August 2019

Name _____ Birthday ____/____/____ Male Female

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Student's E-mail _____

Father's Name _____ E-mail _____

(h) _____ (c) _____ (w) _____

Mother's Name _____ E-mail _____

(h) _____ (c) _____ (w) _____

Fall '18 School Name _____ Current Grade _____

Student lives with Both Parents Mother only Father only Shared Custody Other _____

Alternate Emergency Contact _____ Relationship _____

(h) _____ (c) _____ (w) _____

Medical Insurance Carrier _____ Policy # _____ Group # _____

Carrier Address _____

Name of Insured Person _____ Date of Birth _____

Insured Person's Place of Employment _____

Family Physician _____ Phone _____

Dentist/Orthodontist _____ Phone _____

Health History (check/give approximate dates)

____ Frequent Ear Infections ____ Diabetes ____ Bleeding Disorders ____ Hay Fever ____ Penicillin

____ Heart Defect/Disease ____ Asthma ____ Mononucleosis ____ Ivy Poisoning, etc. ____ Seizures

____ Insect Stings ____ ADD/ADHD ____ Downs Syndrome ____ Food (specify) _____

____ Tourettes Syndrome ____ Chicken Pox ____ Measles ____ Drugs (specify) _____

____ Other _____

Chronic/recurring illness/medical conditions including mental illness (depression, anxiety, etc) _____

Dietary Restrictions _____

Current Medications (prescription, OTC and herbal)

Name _____ Dosage _____ Reason for taking _____

Name _____ Dosage _____ Reason for taking _____

Are all immunizations current? (MMR, tetanus-every 10 years, hepatitis) Yes No

Any other information you feel the leaders should know in advance about your student _____

Parent(s)/Guardian Signature(s) _____ Date _____

Student's Signature _____ Date _____

Continued on back page

Calvary Church Participation Agreement

_____ Initial I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in Calvary Student Ministries activities, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

_____ Initial The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

_____ Initial I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Calvary Church representative to provide the needed emergency treatment to the student prior to his or her admission to a medical facility.

_____ Initial I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/Diphenhydramine or over the counter antacids as needed.

_____ Initial I give my permission to the staff to administer DayQuil or NyQuil as needed.

_____ Initial Calvary Church is not responsible for the loss or theft of personal belongings.

_____ Initial Misconduct may result in transportation home from an activity at parents'/guardian's expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

_____ Initial I understand and authorize that my child's image may be photographed or filmed and used in Calvary's video presentations, printed publications, and web site.

For your information, these are our rules of conduct expected from each student:

- _____ Student Initial
- respect one another, staff and adult leaders
 - no fighting, weapons, fireworks, explosives
 - participation with the group expected
 - no boys in girls' sleeping quarters and vice versa
 - no two-piece swim suits or guys' speedos
 - respect property
 - no offensive or immodest clothing
 - respect and comply with event schedules
 - no lighters permitted
 - no alcohol, drugs, tobacco

Failure to comply with these expectations could result in your child being sent home at your expense.

_____ Initial My child has permission to attend all church sponsored youth activities as listed in calendars and/or Calvary publications.
Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to Calvary Church prior to that event.

Parent(s)/Guardian Signature(s) _____ Date _____

Student's Signature _____ Date _____