

# GRACE COMMUNITY CHURCH

## REGISTRATION, PERMISSION, RELEASE, MEDICAL CONSENT AND PAYMENT OF EXPENSES

Name of Activity: Student Ministries

Date of Activity: September, 2017 – August, 2018

Grace Community Church (“the Church”), a Washington religious non-profit organization, will provide various activities for students, as indicated in Paragraph 1 on the reverse side of this document.

T-shirt size S M L XL XXL (unisex sizes)

Child’s Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Male  Female  Grade (2017) \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Cell Phone \_\_\_\_\_

Cell Carrier/Company \_\_\_\_\_

Student Email \_\_\_\_\_ Parent Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Holder \_\_\_\_\_

Any other persons authorized to retrieve child \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please identify any known health conditions of which the church should be aware. This may include, but not be limited to, allergies, current medications, and restrictions on play or physical activities.

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Medically required dietary restrictions (see paragraph 3 on page 2)

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Any other useful information on your child \_\_\_\_\_

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**PERMISSION TO PARTICIPATE, RELEASE, MEDICAL CONSENT AND PAYMENT OF EXPENSES**

1. We/I, the undersigned parent(s) or legal guardian(s) of the Child identified in this Form, grant permission for the Child to participate in Student Ministry Activities (the "Activity") at Grace Community Church (the "Church") for the ministry year from September, 2017, through August, 2018. We/I understand that the Program may include activities on or off the Church campus, such as Fun Night Out, laser tag, broomball, Go Retreat, summer Journey Camp, and other activities planned through the year.
  
2. We/I give permission for the Church to transport the Child to and from the Church premises. We/I understand that the Church will retrieve the Child from the Church and will return the child to the Church at the end of the Activity. We/I understand and agree that one of the undersigned parents or guardians is responsible to remain with the Child at the Designated Area until the bus or other transportation arrives to retrieve the Child and that one of the undersigned parents or guardians must be present at the Designated Area when the bus or other transportation returns the Child. We/I understand and agree that the Church is not responsible for supervision of the Child until and unless the Child boards the bus or other transportation. We/I understand and agree that the Church will not release the Child to any person other than those authorized in this Form unless one of the undersigned parents or guardians provides the Church with an advance written request to do so.
  
3. We/I grant permission to the Church and its employees and agents to take the Child to a licensed physician for medical treatment, emergency surgery, or hospitalization if the Child becomes ill or sustains an injury or otherwise requires medical treatment or attention and the Church cannot contact me within a reasonable period of time. We/I give my consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain or to preserve the Child's life or health. We/I agree to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the Child in the event the Child receives medical attention.
  
4. We/I understand that the Church may remove the Child from the program at any time without advance notice in its sole and absolute discretion; provided that removal must be in compliance with federal and state laws and regulations (to the extent they apply to the Church). If the Church determines that my child must be removed from the Activity and returned to us/me, we/I will accept a collect call and, if required, will arrange for his/her immediate transportation from the Activity, and pay or reimburse the Church for any and all associated costs.
  
5. We/I release and agree to hold harmless, defend and indemnify the Church and its directors, officers, employees, and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or willful misconduct of the Church) that the Child or the Parent may suffer as a result of the Child's enrollment and/or participation at the Church.

**This document contains a release and waiver of liability. Please read carefully before signing.**

Parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_