

PERMISSION/WAIVER/MEDICAL RELEASE FORM (one per family)

Name: _____ Cell _____ Birthdate _____ Grade _____
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Name: _____ Cell _____ Birthdate _____ Grade _____
Name: _____ Cell _____ Birthdate _____ Grade _____

Home Address: _____

Mother/Guardian _____ Father/ Guardian _____

Primary Phone _____ Primary Phone _____

Secondary Phone _____ Secondary Phone _____

Other Contact in case of Emergency: _____ Relationship: _____ Phone Number: _____

Physician _____ Phone Number _____

Dentist _____ Phone Number _____

Health Insurance Co. _____ Policy No. _____

Date of last tetanus shot _____

List any and all medical allergies: _____

List any current or chronic illnesses: _____

List any Medications and other medical conditions: _____

List anything else we should know: _____

As parent(s) and/or legal guardian(s), I and/or we give permission for the children listed above who are under the age of 18, to participate in all the activities and special events of Rising Sun Church of Christ. I and/or we expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. In consideration for allowing the participation of the child in the activities of Rising Sun Church of Christ, I and/or we hereby consent by the signing of this "Permission/Waiver Form", on behalf of the child and agree that this "Permission Waiver Form" shall be binding upon me, my family, heirs, legal representatives, successors, and assigns. I and/or we, also recognize that there may be occasions that there be a need of first aid or emergency medical treatment as a result of an accident, illness or other health condition or injury, I and/or we do give permission for **any authorize adult volunteers** of Rising Sun Church of Christ to seek and secure any needed **or medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Rising Sun Church of Christ, any of its ministries or leaders in the event of an accident enroute, during and returning from an event.** This authority is granted to any representative of the Rising Sun Church of Christ only after a reasonable effort has been made to contact us. This consent is valid while the child is in the care of Rising Sun Church of Christ and participating in activities sponsored by or endorsed by the Church. I and/or we do further hereby authorize release of the medical information contained herein to adult representatives of the Church in order to provide for the medical care of our child. I and/or we agree to pay all fees and costs arising from this action in obtaining medical treatment. I and/or we further release Rising Sun Church of Christ and its ministers, leaders, employees, volunteers, and agents from any claim that my child or that I and/or we may have against them as a result of injury or illness incurred during the course of participation in the activities of the church including (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or his/her family or estate, heirs, representatives, and assigns may have against Rising Sun Church of Christ or its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness to my child during such activities.

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

Student's Agreement

I agree to participate in the functions and activities of Rising Sun Church of Christ, to cooperate with the leaders and other young people. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church activities depends on my support of this agreement. I also understand that participating in the programs and recreational and other activities of Rising Sun Church of Christ is a privilege. If I am seen as not adhering to the guidelines set out by the adult leaders or sponsors am subject to punishment including; having my parents or guardian pick me up from the youth function and/or being place of probation, limiting your ability to go on church trips.

(Signature of Student) _____ (Date) _____ (Signature of Student) _____ (Date) _____

(Signature of Student) _____ (Date) _____ (Signature of Student) _____ (Date) _____

(Signature of Student) _____ (Date) _____ (Signature of Student) _____ (Date) _____

This form is effective as of: _____ and needs to be replaced in January of each year.