

# College Avenue United Church of Christ

1341 College Avenue • Modesto, California • 95350 • (209) 522-7244 • studentministries.collegeavenue@gmail.com

## Registration and Release Form

This release form is good from **08/01/10** through **07/31/11**. It must be completed for the participant to attend any events during this period.

### Participant Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Sex: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Church-related photos may be taken of my child:  Yes  No

### Parent/Guardian Information:

Parent/Guardian: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Parent Email: \_\_\_\_\_

I would like to receive the Student Ministries e-Newsletter offering program summaries and announcements:  Yes  No

### Medical Information:

My child is insured:  Yes  No If "Yes," name of insurance provider: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Work Phone: \_\_\_\_\_ City: \_\_\_\_\_

### Health History:

Allergies: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_  
Activity Restrictions or Other Conditions: \_\_\_\_\_  
Medications: \_\_\_\_\_

By signing this document, I, the parent/guardian of the participant named above, hereby acknowledge that it is my desire for the child in my care to participate in church-sponsored activities at College Avenue United Church of Christ [CACC], including activities on and/or away from the church premises as well as transportation to and from such activities (with the assurance that I will be notified at least 24 hours in advance if off-premise activities shall occur). These CACC sponsored activities have been carefully planned and will be adequately staffed by mature adults [Staff], selected and screened according to the guidelines of CACC's Safety Policy. However, even with the best of planning, unforeseen mishaps may occur. By signing this document, I, the parent/guardian of the participant named above, agree to assume and accept all risks and hazards inherent in these activities, including transportation to and from said activities. I hereby release and discharge CACC, its officers, council members, employees, volunteers, and members from all actions, claims, or demands, I and my heirs, guardians, legal representatives or assigns now have or may hereafter have for any damages, injuries, or losses to the participant named above that may occur during said activities.

I certify that the above health history is correct so far as I know. In case of an emergency, in the event that I cannot be reached, I hereby authorize the accompanying Staff to secure proper medical and/or dental aid for the participant named above as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities with the assurance that I will be contacted at the earliest possible convenience.

I have carefully read this agreement and fully understand its contents.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Participant Agreement

I, as the participant, understand that I am under the authority and direction of the leaders, volunteers, and sponsors of CACC while in attendance at student ministries events during the designated time. These events will be run according to Biblical standards of behavior which teach that we are to love others as ourselves. Therefore, I WILL DO NOTHING THAT I WOULD NOT LIKE DONE TO ME. I understand that if I deviate from this position I may be expelled from any of these events and possibly returned home at my family's expense. I have read this form and agree with its contents and have discussed it with my family.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_