

# VILLAGE CHURCH YOUTH WAIVER • 2017-2018

If any information on this form changes during the year, please notify Dan Hays or Aaron Mead

## STUDENT DATA

Student Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade in School \_\_\_\_\_  
Last First MI

Street Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (C) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

## PARENT/GUARDIAN (1)

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone (C) \_\_\_\_\_

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

## PARENT/GUARDIAN (2)

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone (C) \_\_\_\_\_

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

## ALTERNATE EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Address \_\_\_\_\_ Phone (C) \_\_\_\_\_

## HEALTH CARE INFORMATION

Name of insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of insured \_\_\_\_\_ Group Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

## STUDENT MEDICAL INFORMATION

### Allergies:

\_\_\_ Hay Fever \_\_\_ Penicillin \_\_\_ Ivy poisoning, etc. \_\_\_ Insect Stings Other \_\_\_\_\_

\_\_\_ Gluten \_\_\_ Peanut \_\_\_ Dairy Other \_\_\_\_\_

List any chronic/recurring illnesses:

Other pertinent medical information/history you believe is important for us to know about your student:

## MEDICATIONS

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Blood type (if known) \_\_\_\_\_ Are all immunizations current? (i.e. MMR, tetanus) Yes No

# Village Church YOUTH MINISTRIES • Waiver/Release from Liability Form

Effective August 14, 2017 through August 31, 2018

I acknowledge that my child's participation in the Village Church of Gurnee (Village Church) youth ministry is voluntary and may include involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to, the following: basketball, biking, boating, broomball, camping, concerts, cook-outs, football, group games, hiking, ice skating, local excursions, meetings, mission trips, paintball, retreat activities (e.g. giant swing, horseback riding, rock climbing, zip lining), rollerblading, sledding, small group activities, soccer, softball, snowboarding, swimming, ultimate Frisbee, volleyball and/or water activities. I acknowledge that some youth ministry activities carry with them the possibility of unforeseen accidents, health hazards, and medical emergencies that may result in property damage, bodily injury, or death. Therefore, in consideration of my child being allowed to participate in Village Church youth ministry activities, I agree to the following:

initial

I am aware that Village Church does not provide health or medical insurance for students; instead, it is expected that parents will provide health or medical insurance for their own children and will be financially responsible for any medical bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with their child's participation in Village Church youth ministries.

initial

initial

Village Church is not responsible for the loss or theft of personal belongings.

initial

Student misconduct at a Village Church youth ministry activity may result in transportation home from an activity at parents' 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 video presentations, printed publications, and Village Church's Internet websites. I further understand and authorize that my child's name and contact information may be shared with Village Church staff, students and/or volunteers.

initial

I am aware that my child may receive electronic communication from Village Church employees and/or volunteers in accordance with Village Church's Electronic Communication Policy. I understand that I am responsible to communicate with Village Church staff or leadership immediately if I have any concerns regarding the nature or content of any electronic communication from, with, to, or about my child, and/or in the event I desire such communication to cease.

initial

I understand that, if I desire to limit my child's participation in any Village Church youth ministry activity, I will submit my wishes in writing to Village Church prior to that event. I understand that if any information on this form changes within the year, I am responsible to notify Village Church in writing and to email the updated information.

initial

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: **A) I wave, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Village Church youth ministry activities, the following persons or entities: Village Church of Gurnee, its Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above; **B) I agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released, or discharged herein; **C) I shall indemnify and hold harmless** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all Village Church youth ministry activities.**

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.

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 any 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 Village Church representatives to provide emergency treatment, as deemed necessary by such representative, to the student prior to the student's admission to a medical facility.

Child's Name \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

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

Parent/Guardian Phone \_\_\_\_\_ Date \_\_\_\_\_