



# Children/Youth Ministries First Christian Church 2013 Adult Release



Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Number to Call in case of Emergency:** \_\_\_\_\_

Health Insurer Name and Phone No.: \_\_\_\_\_

Health Insurance Policy No.: \_\_\_\_\_

Group Name: \_\_\_\_\_

Please List any medications you are currently taking and any allergies or other medical issues we should be aware of:

### Authorization of Use of Image

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I have read and understand the conditions of this content form.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Signature of Parent/Guardian/Custodian]

**\*This form is ONLY for 18 year olds and older. Do NOT fill this out if you are a minor.**