



First Christian Church Student Ministries

Discipline, Liability, and Medical Release Form

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in any FCC Student Ministries' youth events. The child identified on this form understands that all participants are expected to abide by the event rules, and will be directly responsible to the Student Ministers.

FCC Student Ministries' Student Minister assume responsibility for discipline at the event, and if necessary, may require a participant to leave because of misconduct or disobedience. I, and my child, understand the first line of discipline is the participant's responsibility - making smart decisions and wise choices regarding behavior.

I release, and hereby agree, to hold blameless FCC Student Ministries and its sponsors and from any and all claims arising, or which may be asserted by me, or by any member of my family, by reason of participating in *any* activities associated with FCC Student Ministries. Further, I release First Christian Church Ministries from the same liability.

I, authorize the minister or sponsor of this activity or any FCC Student Ministry or First Christian Church staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

I do certify that said child is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Parent or Legal Guardian Signature

Date

PLEASE PRINT

Participant's Name _____
Last First Middle Initial

Birth Date ___/___/___ Grade _____ School _____

List known allergies & medications currently taken _____

Health Insurance Company _____ Policy # _____

Father's First Name _____ Mother's First Name _____ Last Name _____

Home Address _____ City _____ ST _____ Zip _____

Home Phone (____) _____ - _____ Work/Cell Phone (____) _____ - _____

PERSON TO NOTIFY IN THE EVENT YOU CANNOT BE REACHED:

Name _____ Relationship _____ Phone# (____) ____ - _____

If visiting, the participant is attending with _____ / _____
Name Relationship

THIS FORM MUST BE PRESENTED AT REGISTRATION FOR ALL ADULTS AND YOUNG PEOPLE ATTENDING ANY FCC STUDENT MINISTRIES' YOUTH EVENTS. Sorry, No exceptions.