

SUMMER FUN

OAK HILL BIBLE FELLOWSHIP

Child's Name _____ M F Birthdate _____ / _____ / _____
Age _____ Last Grade Completed _____ School _____
Parent(s) or Legal Guardian(s) Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Parent Cell Phone _____
Parent E-mail _____
Home Church (if any) _____

Check box to receive Summer Fun notices and announcements from the church. Mark how and where you would like to receive the notices: Text message OR Automated phone call / Cell Phone OR Home Phone

In case of an emergency and we cannot reach the parent or legal guardian listed above, please list an emergency contact:

Name _____ Relationship to Child _____
Home Phone _____ Cell Phone _____

List any allergies or medical conditions _____

I give my consent to have my minor child participate in the summer activities of Oak Hill Bible Fellowship. I recognize that there are risks involved in participating in these activities and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in these activities.

To the fullest extent permitted by law, I release Oak Hill Bible Fellowship, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activities and agree to save and hold harmless Oak Hill Bible Fellowship, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activities.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Parent or Legal Guardian Signature

Date