



# Student Medical / Liability Release Form

**INSTRUCTIONS: Complete this registration form in its entirety. Parent or legal guardian signature is required on both front and reverse side.** The **completed** Medical/Liability Release form is a **required** document authorizing participation in all Church at Rocky Peak activities. This document will become a document of permanent Church at Rocky Peak record.

**Student Information:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F  
                    First                    Middle                    Last (indicate name used)                    Month / Day / Year

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ (Home/Cell/Other) Email: \_\_\_\_\_

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

**Fall Semester Information:** School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent Information:**

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_

### Medical Information

In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that you have provided thorough and accurate medical information.

- Medications student takes for current medical condition (asthma, allergies, etc.) \_\_\_\_\_
- Medications student takes occasionally (headaches, etc.) \_\_\_\_\_
- Is it medically necessary for the student to carry these medications? ( ) Yes ( ) No

### HEALTH HISTORY

**Allergies:**

- |                                    |   |   |   |                                   |
|------------------------------------|---|---|---|-----------------------------------|
| <input type="checkbox"/> Drugs     | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Physical Handicap  | <input type="checkbox"/> Insect Stings    | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Cardiac        | <input type="checkbox"/> Emotional Handicap | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic Asthma | <input type="checkbox"/> Medical Handicap   | <input type="checkbox"/> Nervous Disorder |                                   |

If you have checked any of the above, please give details: \_\_\_\_\_

Activity Restriction: \_\_\_\_\_

*All medications must be brought in the original bottle (prescription or over-the-counter), properly labeled as prescribed by law. All medications must be given to the adult in charge of the activity the student is participating in.*

**Health Information:** Do you have, or have you had

Recent Serious Injury?	( ) YES ( ) NO	Recent Surgery?	( ) YES ( ) NO
Chronic Medical Condition?	( ) YES ( ) NO	Other Health Concerns?	( ) YES ( ) NO

If YES to any of the above, please describe: \_\_\_\_\_

Special diet? \_\_\_\_\_

Date of last tetanus shot? \_\_\_\_\_ Immunizations current? \_\_\_\_\_

Are there any other medical issues/concerns that we should be aware of? ( ) YES ( ) NO If YES, please describe: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**EMERGENCY NOTIFICATION:**

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**ALTERNATE CONTACT:**

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Plan or Group #: \_\_\_\_\_

Insured ID or Member #: \_\_\_\_\_ Ins. Co. Phone #: (\_\_\_\_\_) \_\_\_\_\_

**\*It is recommended that you attach a photocopy of your family medical insurance card.**



I, \_\_\_\_\_ being the legal guardian of \_\_\_\_\_ give my permission to The Church at Rocky Peak to provide medical treatment that may be deemed necessary to insure the well-being of the named student. I, the undersigned, do hereby verify that the above information is correct, and if any information changes I will notify The Church at Rocky Peak immediately and complete a new Medical/Liability Release Form before my child participates in another Church activity. I do hereby release and forever discharge all officers, employees, elders, directors, pastors, etc. from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Church at Rocky Peak sponsored activities.

**X** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required Parent or Legal Guardian Signature)

## **Agreement to Attend, Participate, Assumption of Risk and Release of Liability**

**The Church at Rocky Peak** hereinafter referred to as the "Church" requires a signature for all attendees of the Church and all participants of any Church activity including, but not limited to any and all Church and recreational sports and activities. Furthermore this form releases the Church to photograph and/or use photographs of myself or my child for use in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Church. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to participate in any Church activity. Activities may include camps, games and other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects. Church takes all reasonable precautions to ensure the safety of everyone.

I understand that each participant must assume the risk of any injury and any financial responsibility that could result from participating in any Church Activity. **I agree to assume such risks and such responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless The Church at Rocky Peak and all officers, employees, elders, directors, pastors, etc. from any and all claims, including bodily injury, that the named student may have that may be sustained in connection with participation in any and/or all Church activities."**

If you feel that there are any activities in which your child should not be involved in, please describe for us on an attached sheet the activities and check the following box.

( ) Yes I have attached a sheet detailing activities that I do not want my child to participate in.

I understand the directors of the Church reserve the right to dismiss, without refund, any participant whose influence is detrimental to the operation of the Church activity, as determined by the discretion of the church directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all Church at Rocky Peak activities. I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

**Required Student Participant Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Required Parent or Legal Guardian Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If student is 18 years of age or younger)