

The Coastlands, Aptos Foursquare Church  
**Annual Medical and Liability Release Form – The Nation**

Dates of Activity: **March 2012 – March 2013** Today's Date: \_\_\_/\_\_\_/\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_

Street Address: \_\_\_\_\_ Grade: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ School: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Parent's Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ City: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Health History:  Allergies  Currently taking prescription medications  
 Hay Fever  Allergic reaction to insect stings  
 Diabetes (insulin dependent? \_\_\_\_\_)  Physical Handicap  
 Heart Condition  Asthma  
 Epilepsy or other nervous disorder  Frequent Colds  
 Frequent stomach upsets  Other

If any of the above are checked, please give details (include normal treatment for allergic reactions): \_\_\_\_\_

Date of last tetanus shot: \_\_\_/\_\_\_/\_\_\_ Any swimming restrictions? \_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_

If your child should require medical attention for injuries that occurred prior to coming with us, please send us the information necessary to give them proper medical service during this activity.

Foursquare insurance is only secondary accident insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is with us.

Do you have medical insurance? \_\_\_\_\_ Name of carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number : (\_\_\_\_\_) \_\_\_\_\_

If none, how would you like any medical expense billed? \_\_\_\_\_

In the event that I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to The Coastlands, Aptos Foursquare Church, staff and/or counselors to secure treatment, including but not limited to a dentist, physician, hospitalization, injection, anesthesia or surgery for my child as deemed necessary.

**Liability Release**

We make every effort to insure the safety of those taking part in our activities. However, no activities are without the possibility of unforeseen hazards. Certain activities have the inherent possibility of risk, therefore we want to alert parents, guardians and individuals to the risks. By signing this form, the parent, guardian, or individual agrees to assume and accept all risks and hazards inherent in recreational activities such as boating, water related sports, team competition, snow skiing, backpacking, mountain/rock climbing, horseback riding, bicycling and other related activities. They also agree to not hold The Coastlands, Aptos Foursquare Church and/or its owners, agents or employees liable for damages, losses or injuries to the person(s) or property undersigned. The parent, guardian or individual understand that they are signing for the child listed on this form and that their signature is both a medical and liability release.

Parent or guardian signature: \_\_\_\_\_  
(Child's signature if 18 or older)

Date: \_\_\_/\_\_\_/\_\_\_