

CHC Student Summer Activities & Medical Release Form 2016

Personal Information

Name _____

Parent/Guardian Names _____

Address _____

City/State _____ Zip _____

Email _____ Sex M / F

Phone # _____ Cell Phone # _____

School in Fall of 2016 _____

Grade in Fall of 2016 (Circle One): 6 7 8 9 10 11 12 13

Insurance and Medical Information

Emergency Contact: _____

Phone #: _____ Cell #: _____

Medical Insurance Provider: _____

Policy #: _____

Medications to be taken on trip: _____

List of allergies: _____

Tuesday Hangouts

Thursday Bible Study

June 3rd - Summer Kick Off

July 8th - Ice Skating

June 8th - Jumbo Slip-n-Slide

July 13th - Movie Night

June 18th - Cliff Jumping

July 18th-22nd - Summer Camp

June 24th-25th - All Nighter

July 28th - WestWing Hike

June 29th - JumpStreet

August 3rd-4th - Back to School Camp

Parent/Guardian Consent

I, the undersigned, as the parent or legal guardian of the named child above (the "Child"), do hereby give my full consent and approval for the Child to participate in the named activity and assume all liability for the risk or harm to the Child associated with such participation. I understand that in the event of a medical emergency, every effort will be made to contact me based on the information provided above. In the event I cannot be reached, I hereby consent to the administration of such emergency medical care to the Child as deemed appropriate under the circumstances; including treatment by any physician, nurse, medical authority, and/or hospital and transport to a medical facility by ambulance, as deemed necessary at my expense. Furthermore, I hereby agree to hold harmless, indemnify, release and forever discharge Copper Hills Church and its staff, employees, agents, representatives, successors, and assigned from and against any and all liability, claims, demands, damages, costs, expenses, legal costs, actions, and cause of action with respect to death, injury, loss or damage to the Child, arising out of or in any way related to the Child's participation in the named activity.

Parent/ Guardian Name: _____ Date: _____

Parent Guardian Signature: _____ Date: _____

For any questions or for more info contact students@copperhills.org