

Youth Event Waiver Form:

General Information

Name of Student: _____ Age _____

Name of Parents: _____

Address _____

Contact Information:

Home Phone: _____

Cell Phone: _____

Emergency Contact(s) other than parent:

Name: _____ Phone # _____

Name: _____ Phone # _____

Necessary Medical Information

Allergies _____

Relevant Medical History _____

Activity Restrictions __No__ Yes If yes, please explain _____

Health Insurance

Note: Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church related activity.

Does your child have health insurance? __No__ Yes

Name of insurance provider _____ policy # _____

Address of insurance provider _____

Medical Release: In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter, as deemed necessary.

Liability Release: Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parents or guardian agree to assume and accept all risks and hazards inherent in church related activities. They also agree not to hold Church of the Redeemer or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Parent of Guardian Signature: _____ Date _____