

General Information

Name:	Gender:	Age:	
Date of Birth:	Home Phone:		
Street Address:	City:	State:	Zip:
Cell Phone:	Work Phone:		
Emergency Contact Information			
Name 1:	Relation 1:		
Home Phone:	Cell Phone:	Work Phone:	
Name 2:	Relation 2:		
Home Phone:	Cell Phone:	Work Phone:	
Doctor's Name:	Name of Doctor's Office:		
Doctor's Phone Number:	Office's Address:		
Health Insurance Company:	Policy Number:		

Medical Information

Allergies and Reactions (i.e.: bee stings, medicine, food, etc.)	
Name and dosage of any medications you routinely take:	
Date of last tetanus shot:	
Any medical conditions or activity limitations? If so, what are they?	

Liability Release

The insurance provided by Christ Community Church of the Nazarene 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 (or you, if you are an adult participant) is involved in the ministries and activities of **The Refuge Youth Ministries and/or the Upstate NY District NYI**.

In the event that I cannot be contacted in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the leadership of **The Refuge Youth Ministries and/or the Upstate NY District NYI** to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter (or myself, if I am an adult participant) as deemed necessary.

Signature of parent or guardian (or your own, if you are an adult participant.)

Signature:

Date:

Every ministry and activity sponsored by **The Refuge Youth Ministries and/or the Upstate NY District NYI** is carefully planned and adequately supervised by mature adults. However, there may be times when your son or daughter may not be under total adult supervision and will have to make personal choices and be responsible to adhere to the guidelines outlined for the trip or event. By signing this paragraph, the parent or guardian understands that level of responsibility will be assumed in their son or daughter's behavior and agrees to assume and accept all reasonable risks and hazards inherent in a program of ministries and activities such as sponsored by **The Refuge Youth Ministries and/or the Upstate NY District NYI**.

Signature of parent or guardian (or your own, if you are an adult participant).

Signature:

Date:

This liability release is valid from **September 10, 2010 – September 11, 2010** and covers all involvement in **The Refuge Youth Ministries and/or the Upstate NY District NYI** Back to School Bash event occurring on 9/10/2010 and 9/11/2010. This release must be filled out correctly and notarized to be a valid release. Once the release is completed and notarized it will be kept on file with Elizabeth Lasher, the Back to School Bash coordinator. All forms will be properly destroyed following the event.

Signature of parent or guardian (or your own, if you are an adult participant):

Signature:

Date:

Signature of witness:

Signature:

Date:
