

# STUDENT AND PARENT CONTACT INFORMATION

PLEASE POPULATE AND RETURN BY TUESDAY, March 1, 2016

Student's Name \_\_\_\_\_, \_\_\_\_\_ (Last First)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Phone (h) (\_\_\_\_) \_\_\_\_\_ (c) (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_

phone (h) (\_\_\_\_) \_\_\_\_\_ (c) (\_\_\_\_) \_\_\_\_\_

emergency contact (other than parent) \_\_\_\_\_

phone (h) (\_\_\_\_) \_\_\_\_\_ (c) (\_\_\_\_) \_\_\_\_\_

Medications that we may give your child (i.e. tylenol, benadryl)

\_\_\_\_\_  
\_\_\_\_\_

## PHYSICIAN/MEDICAL INFORMATION:

Name: \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend this event. (Name of Student)

I am the parent or legal guardian of the student named above, a minor, and have given our consent for him/her to attend events being organized by Hopeland Church, including the event specified above. I understand that there are inherent risks involved in any ministry or athletic event. I voluntarily elect or accept and solely assume all risk of damages and injury incurred or suffered by the student named above while attending events organized by Hopeland Church, including the event specified above. I hereby agree not to sue and release Hopeland Church, its pastors, employees, agents, volunteer workers, elders, and representatives from any and all liability, claims, damages, and costs for any injury, loss, or damage to person or property that may occur during the course of my/our child.s involvement in events organized by Hopeland Church, including the event specified above. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, and costs including attorney fees which may arise from any claim or cause of action made by me, through me or on my behalf even if caused in whole or in part by any of the parties or entities hereby released. In the event that he/she is injured and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed health professional. In the event treatment is required from a licensed health professional and/or hospital personnel designated by Hopeland Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such medical care. I also agree to hold harmless and release the Church, its pastors, employees, agents, volunteer workers, elders, and representatives from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by my or the student.s health insurances. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above at the time of the event specified above. I also agree to bring my child home at my expense should he or she become ill or if a student ministries staff member deems it necessary. I understand that this form does not guarantee my student a spot on the aforementioned trip, rather it enters them in the registration process. I also agree to forgo any money paid for a given event as refunds are only given in case of emergency cancellation (i.e. death in the family, illness). I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Parent/Guardian signature: \_\_\_\_\_