



C3 STUDENTS
A MISSION OF CHRIST COMMUNITY CHURCH

PERMISSION/WAIVER FORM FALL 2018–SUMMER 2019

Student Full Legal Name: _____
 Street Address: _____
 City, State, Zip: _____
 Cell Phone: _____
 Email: _____
 Date of Birth: _____ Gender: Male Female
 Grade: _____ School: _____

Parent/Guardian to contact in case of emergency: _____
 Relationship to Student: _____
 Address: _____
 Email: _____
 Cell phone: _____ Home phone: _____

Health Insurance Information: PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

Insurance Company: _____
 Insurance Company Phone #: _____
 Policy Number: _____ Group Number: _____
 Date of Birth of Policy Holder: _____

Medical Doctor: _____ Phone number: _____
 Address: _____
 Email: _____ Fax Number: _____

Medical history:

Please list any medical conditions, disabilities, and/or special needs or concerns for your student:

Any food or drug allergies, and your student's reaction to and severity of these allergies:

All medications your student is presently taking (including generic names) and the strength/dose of each:

Swimming ability:

- Non-Swimmer Beginner-Moderate Advanced

Functions and Activities:

It is my understanding that participating in the programs and activities of **Christ Community Church** is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Please Initial: _____

Release of Liability:

By signing this Release Statement, I express that I (or my child if I am the legal guardian) am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks of participating in these activities, whether such risks are known or unknown to me at this time. I further release **Christ Community Church** and its ministers, staff and leadership, employees, volunteers, and agents from any claim that I (or my child) may have or that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against **Christ Community Church** or its ministers, staff and leadership, employees, volunteers, or agents.

I further agree to indemnify and hold harmless **Christ Community Church** and its ministers, staff and leadership, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury during such activities.

Please Initial: _____

First Aid and Emergency Medical Treatment:

I recognize that there may be occasions where the individual named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **Christ Community Church** to seek and secure any needed medical attention or treatment for the individual named above (including hospitalization) if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, I agree to pay for the medical treatment.

Please Initial: _____

For use only if the participant is a Minor

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of **CCC**, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of **CCC**, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Please Initial: _____

Print Name of Parent/Legal Guardian _____ **Date** _____

Signature of Parent/Legal Guardian _____