

Information and Release Form | Unearthed Youth Ministry of Sunnyside Alliance Church

Student Information

Student's Name _____

School _____

Age _____ Birthdate _____ Grade _____

Cell Phone Number _____

Email _____

Address _____

City _____ State _____ Zip _____

Mother's name _____

Phone: Cell _____

Father's name _____

Phone: Cell _____

Emergency Contact Name _____

Phone: Cell _____

[circle your PREFERRED contact person / method]

Medical Release

If necessary, describe in detail the nature and severity of any physical or psychological ailment, illness, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware. Include what action of protection is required, if any, on account thereof. Submit this notification in writing and attach it to this form, or write below. Include names of medications and dosages that must be taken. Speak to the Youth Pastor about these needs to insure clarification.

Special medical needs (if any, list below):

Liability / Photography Release

By signing this document, you agree to permit the use of any photographs or videos of your child involved in any church activity for promotional or testimonial use by the church and its members.

My child has my permission to attend and participate in all Unearthed Youth Ministry activities and events sponsored by Sunnyside Alliance Church (hereinafter the "Church") from **January 1, 2017 to December 31, 2017** (annual only).

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any event, and I/we hereby release the Church, its employees, sponsors, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during my/our child's involvement. If he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by the supervising adults at the event. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by my/our health insurance provider. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the supervising adults for reasons of misconduct or any other reasons.

Parent/Guardian's Name (PRINT): _____

Parent/guardian signature: _____

Date: _____