

Registration, Liability Release and Medical Consent Form—Minor

Christ Community Church of the Foothills • 1432 W. Puente Avenue, West Covina, CA 91790 • 626-960-4444

Please use Black or Blue Ink

Activity Name: Youth Ministry **Year :** 6/1/24-8/31/2025

Child's Last Name: _____ Child's First Name _____

Current Age: _____ Birthdate: _____ Grade: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mom's Name: _____ Mom's E-mail: _____

Mom's Cell #: _____ Mom's Alt. #: _____

Dad's Name: _____ Dad's E-mail: _____

Dad's Cell #: _____ Dad's Alt. #: _____

Emergency Contact Name and Number: _____ Relationship _____

Family Physician/Provider _____ Phone _____

Medical Insurance Provider _____ Policy No. _____

****Other persons (at least 18 years of age) authorized in to pick up your child ONLY if you are not in attendance at the church:**

Name	Relationship	Phone #
1.		
2.		

****NOTE:** Children will be released only pursuant to standard check-out procedures. The above-named persons will be contacted only in case of emergency. It is the responsibility of the parent(s)/guardian(s) to update this information if there are any changes.

HEALTH HISTORY:

The church's insurance is not a substitute for 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 any allergies or other medical conditions the church should know about? No Yes

If yes, please give details

Does your child require any medication during their time in the church's care? No Yes* If yes, please explain:

**NOTE: Church staff and volunteers are not allowed to administer medications to children in the church's care.*

Date of Minor's Last Tetanus Shot: _____

List of Minor's Medications:

Any Activity Restrictions? _____ If yes, explain _____

If your child uses diapers, do you authorize church staff/volunteers to change their diaper? Yes No N/A

Are there any special needs or other considerations about your child that you feel the church needs to know? No Yes

If yes, please explain: _____

RELEASE OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

This health history is correct, so far as we (I) know. The undersigned further hereby agrees to hold harmless and indemnify Christ Community Church of the Foothills ("Church"), its staff, directors, employees, and agents, for any liability sustained by the Church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred associated to it. We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him or her to participate fully in the church's Nursery, Children's, and/or Youth Ministry program, and the activities done there, and hereby give our (my) permission to transport or cause to be transported said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to medical treatment or emergency surgery, and assume the responsibility of all medical bills, if any.

We (I) authorize the Church and its agents, employees, and volunteers to administer minor first-aid, such as antibiotic ointment, hydrocortisone cream, antiseptic skin and wound cleansers, analgesic balms or gels and bandages.

A photocopy of this authorization shall be considered as valid as the original. _____

Initials

Printed name of parent(s)/guardian(s): ✕ _____ / ✕ _____

Signature of parent(s)/guardian(s): ✕ _____ / ✕ _____

AUTHORIZATION AND RELEASE AGREEMENT:

We (I), the undersigned, represent and acknowledge that we (I) am the parent or legal guardian of the minor named on this form ("Minor"), and that we (I) am authorized on behalf of myself, Minor and our heirs, assigns and next of kin, to hereby enter into this authorization and release agreement ("Agreement"), in order for and IN CONSIDERATION OF Minor being able to participate in any church-related activities ("Activities") of Christ Community Church of the Foothills ("the Church").

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: In consideration for being accepted for participation in the church's Nursery, Children's, and/or Youth Ministry program, we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my minor child participant) do hereby release, forever discharge, and agree to hold harmless the church, the Elder Board, and its directors from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in Nursery, Children's, and/or Youth Ministry programming. Furthermore, we (I) [and on behalf of our (my) child participant] hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreational and work activities involved therein.

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, Releasees, from any and all liabilities, claims, demands, attorney's fees, costs, expenses and compensation arising out of, or in any way related to any injury or other damage that may result to Minor or to members of my family, household, or individuals I invite or for whom I am otherwise responsible while participating in or present at any Activities, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE.

SCOPE: I further acknowledge and accept that this Agreement is intended to be as broad and inclusive as permitted by law and agree that if any portion of this Agreement is deemed to be invalid, the remainder will continue in full legal force and effect.

Further, we (I) understand that the church as a matter of organizational policy and practice neither arranges nor offers transportation for youth ministry participants. Any transportation arrangements made between staff, volunteers, parents, and/or youth participants are neither organized nor sanctioned by the church and are strictly personal agreements between private parties entirely independent of the church and the ministry function to or from which the parties are traveling.

Printed name of parent(s)/guardian(s): x _____ / x _____

Signature of parent(s)/guardian(s): x _____ / x _____

Date: _____ (Authorization must be renewed annually.)