

Please Check

Date Received _____
(For Office Use Only)

Elementary Jr. High High School

STUDENT MINISTRY PARENTAL CONSENT FORM

September 2011- August 2012

Student Last Name _____ Student First Name _____

Birthday _____ Grade _____

Address _____

City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____

Phone # _____ Work # _____ Cell # _____

Email Address _____

- The undersigned does hereby give permission for our (my) child, named above, to attend and participate in all activities associated with West Side Christian Church from September 1, 2011 through August 31, 2012.
- The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in West Side Christian Church. The leader assumes full responsibility for discipline, and because of misconduct or disobedience, may require an attendee to return home. In such an instance, I will assume responsibility.
- The undersigned does also understand that WSCC's priority is to keep all participants safe at all times, and gives WSCC and its leader's authorization to approve emergency medical treatment in the event that they cannot be contacted. The undersigned will not hold WSCC, nor its agents, liable for any injuries incurred during youth activities.
- I hereby release West Side Christian Church from any responsibility other than the normal supervision and care. In case of accident, I will not hold West Side Christian Church or its staff members, management, or officers liable unless guilty of negligence.
- I hereby release and agree to hold harmless WSCC, and any party associated with WSCC from any liability by virtue of any blurring, distortion, alteration, or use in composite form whether intentional or otherwise, that may occur or be produced in the acquisition of any media, or in any processing tending toward and including completion of the finished work including any and all written text or copy that may be created and or appear in the connection therewith. I agree that WSCC owns the copyright therein and renewals and extensions thereof and hereby waive any claims (financial or otherwise). I agree that this release shall be binding upon my student.

Signature of Parent(s) or Guardian(s) _____

Initial here if you DON'T want this form to be a blanket form for all youth activities _____

If this is NOT a blanket form, then please enter the event this form covers _____

If this is a blanket form, please keep us aware of any changes in your health insurance coverage or change of emergency contacts.

IN CASE OF EMERGENCY

Insurance Company _____

Policy Number _____

Emergency Phone Numbers other than those listed above

Please list any allergies or medications your student is currently taking
