

Catalyst Youth Church
New Life Christian Fellowship

Name (child) _____

Address _____

T-shirt size (S-3X) _____ Girls: do you want a girl shirt? Y / N

Home Phone _____ Date of Birth _____

Parent/Legal Guardian _____

Work Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Please list any medical conditions concerning your child.

Please list any medications that your child is currently taking along with scheduled dosage.

Are there any activities that your child should not participate in?

Please list any other comments concerning the health or care of your child.

I agree to allow my child _____ to participate in activities or events with Catalyst Youth Church of New Life Christian Fellowship and its ministers, staff members, and chaperones. I give my permission to obtain medical care for my child should it become necessary to New Life Christian Fellowship, Catalyst Youth Church, its ministers, staff members, and chaperones.

In consideration for my child _____ (from here unto referred to as "Participant") being accepted for participation in "**Awakening MMXII**" summer youth camp of Catalyst Youth Church of New Life Christian Fellowship. I do hereby release, forever discharge and agree to hold harmless New Life Christian Fellowship, Catalyst Youth Church, its ministers, staff members, and chaperones, directors, employees, and agents (from here to referred to as "Sponsors"), thereof from 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 Participant that occur while said Participant is participating in the above described trip, activity, or event.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, and expenses as a result of participation in recreation activities invoices therein. Furthermore, authorization and permission is hereby given to said church to furnish any food and lodging for this participant. **I do acknowledge that I (parent/guardian) am responsible for any and all transportation to and from this event.** The undersigned further hereby agree to hold harmless and indemnify the Sponsors for any expenses incurred attendant thereto. I am the parent or legal guardian of this Participant, and hereby grant my permission to take said Participant to a doctor or hospital and hereby authorize medical treatment, including but not limitation or emergency surgery or medical treatment, and assume the responsibility of all medical bills. Furthermore, should it be necessary for Participant to return home due to medical reasons, disciplinary actions, or otherwise, **I hereby assume all transportation responsibility.** If a dispute over this agreement or any claim for damages should arise the Participant (or parent/legal guardian) agrees to resolve the matter through a mutually acceptable arbitration process. I hereby grant permission to Sponsors to use any photographs or video tape of Participant for promotional uses.

Signature of Parent / Legal Guardian

Date

_____ FLDL # _____

_____ Personally Known

Signature of Notary Public

Date

Insurance Information

Name of Insured: _____

Address: _____

Phone: _____

Insurance Company: _____

Address: _____

Phone Number: _____

Group # _____

Policy # _____