



## Christ In Youth Discipline, Liability & Medical Release Form

Make a copy for yourself and bring the ORIGINAL to registration

### Event you will be attending:

- Know Sweat     Missions Trip     believe     move     SuperStart!     Discipleship  
 Wilderness     Elevate     On Purpose     Mission Leader Training Trip

### Please check which one best describes your attendance:

- Sponsor     Student     Youth/Children's Minister

Participant Name \_\_\_\_\_  Male     Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Participant email \_\_\_\_\_ Home Phone \_\_\_\_\_ H.S. Graduation Year \_\_\_\_\_

Church You are Attending with (missions trip n/a) \_\_\_\_\_

City/State \_\_\_\_\_ Group Leader's Name (missions trip n/a) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Known Allergies and Reactions \_\_\_\_\_ Medications Currently Taking \_\_\_\_\_

Parents/Legal Guardians Name (with whom you live) \_\_\_\_\_

Emergency Contact Info of Parent/Legal Guardian:

Cell Phone \_\_\_\_\_ Parent(s) email \_\_\_\_\_

Person to notify if parent/legal guardian cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this Christ In Youth Program. The individual identified on this form understands that all participants are expected to abide by the Program rules and be directly responsible to the Christ In Youth Program Director. The Christ In Youth Program Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless Christ In Youth and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Christ In Youth Programs. I also release the lessor/owner of properties on which the Program is held. **I agree to pay for any damages or property loss as determined by Christ In Youth or campus officials, including any keys not returned at the time of group check out.**

Further, I do authorize the minister or sponsor of this activity or any Christ In Youth staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I authorize Christ In Youth to use photographs and video footage of the participant for promotional materials.

Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Participant Named Above \_\_\_\_\_

(If under 18 parent or legal guardian must sign)

Printed Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of the Parent/Legal Guardian \_\_\_\_\_

Several Christian Colleges appreciate receiving the names of young people who attend Christ In Youth programs. If you prefer that the information about the above named individual NOT be passed on to any of these colleges, please check this box.

From time to time, Christ In Youth uses the information above to update parents regarding ministry successes and opportunities. If you prefer to NOT receive these updates, please check this box.