

**Consent & Release Form for Church Activity**

I, the undersigned parent (s) or guardian (s), hereby consent to my child, \_\_\_\_\_, who is \_\_\_\_\_ years of age, participating in the activities connected with the **Youth Activity** sponsored by the Calvary Baptist Church on the following dates: \_\_\_\_\_ . I understand that this activity will include the following: \_\_\_\_\_.

I certify that my child is able to participate in any and all of these activities.

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.** I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and discharge the Calvary Baptist Church and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or in any other associated activities including, but not limit to, any injury to my child or property, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the Commonwealth of Pennsylvania and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I further state that **I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** I understand that this is a legally binding agreement.

**Signature of Parent or Guardian:**

**Date:** \_\_\_\_\_

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**Date:** \_\_\_\_\_

## Registration Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Church Attending: \_\_\_\_\_

## Medical Authorization

### **In Case of Emergency, Contact:**

Parent's Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Home: ( ) Cell: ( ) Work: ( )  
Allergic Reactions: ( ) Bee Stings  
( ) Medications ( ) Other: \_\_\_\_\_  
Describe Reaction: \_\_\_\_\_  
Respiratory Problems: \_\_\_\_\_  
Other Medical Problems: \_\_\_\_\_  
Restricted Activities: \_\_\_\_\_  
Date of Last Tetanus: \_\_\_\_\_ Current: ( )  
Doctor's Name: \_\_\_\_\_  
Doctor's Number: ( ) \_\_\_\_\_  
I give permission for my child to take  
Tylenol (please initial): \_\_\_\_\_  
Ibuprofen (please initial): \_\_\_\_\_

In case of a medical emergency, I understand that every effort will be made to contact a parent or guardian of the child. In the event I cannot be reached, I hereby give permission to the physician selected by the sponsor (s) to hospitalize and secure proper treatment for an injection or anesthesia or surgery for my child as named above:

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