

CALVARY CHAPEL OF PUERTO RICO
JUNIOR HIGH/SENIOR HIGH MINISTRY ACTIVITY FORM
FOR THE MINISTRY YEAR OF August 2015-JUNE 2016

This registration paper will remain effective and on file through the date above.

Student Information

First Name: _____ Last Name: _____

Gender: _____ Age: _____ Grade: _____

Parent or Guardian Information

First Name: _____ Last Name: _____

Gender: _____ Street Address: _____ City:

_____ Zip: _____ Phone: _____ Cell: _____

E-mail: _____ Relationship to Minor: _____

Please write the primary phone number to contact you in case of an emergency: _____

Other Emergency Contact Information

#1 Name: _____ Phone: _____

#2 Name: _____ Phone: _____

Insurance Company _____ Group # _____

Policy # _____ Primary Insured's Name _____

Health History

Please list any health concerns that we should be aware of. Also include any known allergies to drugs and/or insect stings.

Concern #1:

Concern #2:

Child's Regular Physician: _____ Phone:

Does minor require any special medical attention? _____. If yes, explain

Does minor require any special medication? _____. If yes, list dosage and instructions

Does minor have any allergies? _____. If yes, list allergies

PLEASE COMPLETE THE BACK OF THIS PAPER

IMPORTANT: RELEASE MUST BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN I HEARBY STATE THAT I HAVE THE AUTHORITY TO GRANT THE PERMISSION, AND DO HEREBY GRANT SAID PERMISSION for my child herein identified below, to engage in all prescribed activities indicated above, UNLESS otherwise specifically excluded above. I also HEREBY STATE that I am the person most knowledgeable about the health history of my child; and that the information provided in this application is true and correct to the best of my knowledge. I also HEARBY STATE that I am responsible to inform the Calvary Chapel of Puerto Rico Youth Ministry of any changes to the above information that may happen in the ministry year.

In case of accident or injury of my child, I consent to allow any and all needed medical, dental, or surgical treatment to be performed, including but not limited to medical examination(s), diagnosis, treatment(s), surgery(ies) or operation(s), injection(s), hospital and/or other emergency care, as well as any and all corresponding treatment modalities, medical test, x-ray, medications, anesthesia, etc., all to be provided under the general or special supervision of a physician and/or surgeon licensed under the Medical Practice Art and/or by a Dentist licensed under the Dental Practice Art and/or any other type of medical or health professional necessary to address the needs of my child, as determined by the discretion of the Youth Leader and/or his representative or agent(s).

This authorization shall remain effective with Calvary Chapel of Puerto Rico and its affiliates throughout my Child's attendance with the Program and during all such times that my Child is under the supervision of Calvary Chapel of Puerto Rico and its affiliate personnel, unless and until revoked by myself in writing. I further agree to pay and/or reimburse any and all charges for medical, dental, hospital surgical care or any related treatment and needs of my Child if requested. I HEREBY authorize the youth leader or anyone in authority at Calvary Chapel of Puerto Rico and its affiliates and/or any Emergency Medical Technician (EMT), to administer common medicines such as cough medicine, Tylenol, and Ibuprofen, if necessary in dosages appropriate to my Child's age and to clean and bandage or wrap wounds as necessary.

In the event of accident or injury of my Child, I HEREBY WAIVE AND RELEASE Calvary Chapel of Puerto Rico, its Board of Directors, officers, employees, agents, staff, volunteers, affiliate churches and/or ministries, from any and all liability, damages, claims, judgments, attorney's fees and/or costs related to any such injury and/or accident and/or event.

Parent/Guardian's Name: _____ Signature: _____ Date: _____

Minor's Name: _____ Signature: _____ Date: _____