

EMERGENCY INFORMATION

Name: _____

Address: _____ City/State/Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Emergency Contact #1: _____ Emergency Contact #2: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

Physician: _____ Physician's Phone Number: _____

Emergency Hospital (if preferred): _____

Allergies/Medical Conditions (medication, food, skin contact): _____

PARTICIPANT ACKNOWLEDGMENT

I agree to abide by the rules for safety and conduct at the Nu`uanu Congregational Church (NCC) and understand that participation is at the discretion of NCC or its representatives. I will not hold NCC or the other participants responsible for any injuries due to unforeseen circumstances. I understand that, should I become injured, First Aid may be administered by an individual if he or she is qualified to do so. In the event of any emergency, a representative of NCC or other participant will make every effort to contact the above designated emergency contact. If contact is not possible, I grant permission for transport to a medical facility for emergency care and allow the on-duty physician to administer care and treatment.

Signature of Participant Date

Print Full Name

IF UNDER 18, PARENT OR GUARDIAN AUTHORIZATION

I allow my child to participate in the activity noted above. I will not hold NCC or the other participants responsible for any injuries due to unforeseen circumstances. I understand that, should my child become injured, First Aid may be administered by an individual if he or she is qualified to do so. In the event of any emergency, a representative of NCC or other participant will make every effort to contact the above designated emergency contact. If contact is not possible, I grant permission for an individual to accompany my child to a medical facility for emergency care and allow the on-duty physician to administer care and treatment.

Signature of Parent or Guardian Date

Print Full Name

This form will be kept in our active file for one (1) year.