



YOUTH ACTIVITY WAIVER

EVENT: _____

NAME: _____ M/F _____

I, (please print): _____
Last First Middle

the Parent or Legal Guardian of the above named student, living at:

ADDRESS: _____

Number Street Apt. #

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ (____) _____ (____) _____

Home Work Cell Phone

do hereby give my consent to have my son/daughter participate with the students from Calvary Chapel Vero Beach in any and all activities.

OTHER EMERGENCY CONTACTS:

NAME: _____ PHONE: (____) _____

NAME: _____ PHONE: (____) _____

PARENT'S EMPLOYER: _____ ADDRESS: _____

INSURANCE CO. _____ POLICY #: _____

CHILD'S REGULAR PHICISIAN: _____ PHONE: (____) _____

In the event of a minor illness or injury (such as cold, headache, scrapes, sprains, abrasions, and/or small cuts), I do authorize the Youth Pastor, R.N., E.M.T. to give my child common remedies such as Tylenol, etc., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

****IMPORTANT: IF UNDER 18, THIS MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN ****

The person herein described has permission to engage in all prescribed activities. I hereby give permission to the physician selected by the Youth Pastor (or his representative) to order X-rays, routine tests, and treatment for the health of my child and to order injections and/or anesthesia and/or surgery for my child named above. This authorization shall remain effective through the extent of the scheduled program with Calvary Chapel Vero Beach unless sooner revoked in writing and delivered to said agent. I further agree that Calvary Chapel Vero Beach, its Board of Directors, Corporate Officers, and staff are hereby relieved of all liability in the event of accident or injury to said Minor.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

MINOR'S SIGNATURE: _____ DATE: _____

HOME PHONE: (____) _____ WORK/EMERGENCY PHONE: (____) _____