

North Coast Church ElevenTwelve Ministry (Vista Campus)

Activity Form Supplement

Valid from: May 1, 2017 – July 1, 2018

EVENT ElevenTwelve Summer Camp 2017 Date(s) June 30-Aug 4, 2017 Small Group leaders name
STUDENT'S NAME (print) AGE GRADE (2017-2018 school year) Shirt Size
PHONE (home) Student's Cell Gender DOB
Mother's Name (print) phone (h) (c)
Father's Name (print) phone (h) (c)
Parent Email Student Email

In case above numbers do not answer please notify?

NAME PHONE DOCTOR PHONE

Health History

Check off: All applicable health issues

Allergies- type Allergy-Medications-type
Asthma Epilepsy/Convulsive Disorder Headaches Respiratory Problems Diabetes
Hay Fever Heart Condition Sinus Issues Physical Handicap

Special Needs:

Down Syndrome Cerebral Palsy
ADHD Autism
Aspergers

Medications NOT acceptable to administer:

Pepto Bismol Milk of Magnesia
Ibuprofen Benadryl
Cough Drop Caladryl
Acetaminophen Bonine/Meclazine/Dramamine

If you checked any of the above, please give details, (i.e. include normal treatment of allergic reactions)

Date of last tetanus shot: Name and dosage of any medications that must be taken:
Any swimming restrictions: Yes No Any activity restrictions: Yes No
Any restrictions not noted?
Any signs of suicide or depression in the last year? If so, how did you respond?

Are they in counseling and/or on medication related to depression/suicide?

Health Insurance Co: Policy No: Phone:

Medical Insurance Waiver (Only for those without medical insurance)

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Student's Name Parent or Legal Guardian
expenses incurred as a result of an accident or injury that occurs during a North Coast Church sponsored activity.

Parent or Guardian's Signature

Date

Participation / Liability / Medical Release

I am the parent or legal guardian of the Student named above, a minor, and have given consent for him/her to attend this Event being organized by North Coast Church, its agents, employees, volunteers, or representatives (collectively referred to hereinafter as the "Church"). I acknowledge that there are inherent risks involved in the ElevenTwelve's Summer Camp 2017 to the Student and/or parents/guardians (collectively referred to herein as the "Student") and may result in various types of injury including, but not limited to, sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage from the event's included activities: dodgeball, volleyball, basketball, soccer, capture the flag, football, frisbee, archery tag, swimming, etc. In consideration for the opportunity to participate in the activities, I voluntarily acknowledge, and accept and assume all risk of damages and injury incurred or suffered by the Student while participating in or being transported to or from the events organized by the Church, including ElevenTwelve's Summer Camp 2017. By signing this form, I, the parent/guardian release and promise to indemnify, defend, and hold harmless the Church for any injury arising directly or indirectly out of the described activities or transportation to and from the Activity, whether such injury arises out of the negligence of the Church, the Student, or otherwise. The parents/guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order and injection, anesthesia, or surgery for my son or daughter as deemed necessary. I also agree to bring my child home at my expense should he/she become ill or if a student ministries staff member deems it necessary for behavioral or other reasons. If a dispute over this agreement or any claim for damages arises, the Student agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Student and the Church cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association. I understand that this form does not guarantee my student a spot on the aforementioned trip; rather it enters them in the registration process. I also agree deposit paid for a given event as refunds are only given in the event of emergency cancellation (i.e. death in the family, illness).

Photo Release

During this event, your likeness may be recorded or photographed. Your involvement in this event constitutes your permission for North Coast Church and its ministries to use any image or recording for any purpose.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Parent or Guardian's Signature

Date

Parent or Guardian's Signature

Date