New Hope Christian Church Youth Program
Discipline, Liability, and Medical Release Form

I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in _____. The child identified on this form understands that all students are expected to conduct themselves in a Christ-like manner and will be directly responsible to the Youth Leaders. The Youth Director will assume responsibility for discipline on activities and if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, the parent or legal guardian will assume full responsibility for returning the student home.

By signing, I do release and hereby agree to hold blameless New Hope Christian Church and its employees and sponsors from any and every claim arising, or which may be asserted by myself or any member of my family by reason of participating in any activities associated with the said activity.

Further, I do authorize the Youth Director or sponsor of this activity or any New Hope Christian Church youth program volunteer staff member, in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this Activity or Trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further I do certify that the child listed is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

_____ _____

Signature of Parent or Guardian Date

PLEASE PRINT CLEARLY

Students Name:_____

Last First Middle

Birth Date:_____ Last Grade Completed:_____

List known allergies and medications currently taken_____

Health Insurance Company:_____ Policy #_____

Name of Parent or Guardian_____

Last First Middle I.

Home Address_____ City_____ State_____ Zip_____

Day time Phone ( )_____ Evening phone ( )_____

PERSON TO NOTIFY IN THE EVENT YOU CANNOT BE REACHED:

Name_____ Relationship_____ Phone ( ) _____