

**Student Information**

Full Name \_\_\_\_\_

Grade (start of 2017 school year) \_\_\_\_\_ Name of School \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Information**

Name of emergency contact \_\_\_\_\_

Relation to Participant \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address (if different) \_\_\_\_\_

Email \_\_\_\_\_

**Insurance / Medical Information**

Family Doctor Name \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Participant is covered by a medical insurance policy? Yes No (circle one)

Insurance Company Name or Plan \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy # (if applicable) \_\_\_\_\_

Authorization Phone Number \_\_\_\_\_

Food / Medical Allergies; or other concerns Pastor/Staff would benefit from knowing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent for Treatment, Participation and Use of Image**

I, the undersigned parent/guardian, do hereby grant permission for my child: \_\_\_\_\_, to attend and participate in all youth activities and events on Calvary Chapel Lake Stevens property and/or any property of its volunteer staff, employees, or representatives: from June 1, 2017 - May 31, 2018.

In order for my child to receive necessary medical treatment from the medical treatment from the medical staff and/or the staff physicians of the hospital and clinics in case of injury or illness. I hereby authorize the event leaders to obtain and consent to medical treatment for my child for such injury or illness when participating in youth activities and events. I hereby release and discharge the event volunteers, counselors and staff, Calvary Chapel Lake Stevens and its representatives/employees from any and all debts, judgments or suits of any kind which may arise or be occasioned as a result of the students' participation in all activities associated with the Calvary Chapel Lake Stevens Youth Ministry.

I further acknowledge and understand that by participating in youth activities there is a possibility of physical illness or injury and that my child is assuming the risk for such illness or injury by his/her involvement. Payment of any medical bills will be paid by me or my insurance company.

We the guardian and/or the student, also give Calvary Chapel Lake Stevens and its employees/volunteers permission to use the student's image online or in print for ministry and promotion reasons by Calvary Chapel Lake Stevens and its representatives/employees.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Emergency Contact Phone #

\_\_\_\_\_  
Date