

Poolesville Baptist Church Student Ministries
Waiver and Release of Liability Form
Effective September 1, 2014 - August 31, 2015

I (we) acknowledge that my child's participation in the Poolesville Baptist Church youth program is voluntary and may require involvement in activities that require traveling and physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions and meetings. I (we) acknowledge that my child's participation in any Poolesville Baptist Church youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Poolesville Baptist Church youth program activities, I (we) agree to the following:

Initial: _____ Poolesville Baptist Church is not responsible for the loss or theft of personal belongings.

Initial: _____ Misconduct may result in transportation home from an activity at parent's expense or requiring the parent to come pick up the student. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

Initial: _____ I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications, and the Poolesville Baptist Church internet website.

Initial: _____ I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors, and assigns:

Initial: _____ A) **I waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Poolesville Baptist Church's youth activities, the following person or entities: Poolesville Baptist Church, its Senior Pastor, Associate Pastors, elders, employees, volunteers, representatives, subcontractors and agents of any of the above.

Initial: _____ B) **I agree not to sue** any of the persons or entities mentioned above for any of the claims of liabilities that I have waived, released, or discharged herein except in the case of gross negligence on the part of Poolesville Baptist Church, its staff and volunteers.

Initial: _____ C) **I indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions.

I hereby assume the risks of my child participating in all Poolesville Baptist Church activities.

Initial: _____ The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

Initial: _____ I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries; I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Poolesville Baptist Church representatives to provide the needed emergency treatment to the student prior to his admission to a medical facility.

Initial: _____ I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl Diphenhydramine or over the counter antacids, as needed.

Child's Name _____

Parent(s)/Guardian Signature _____

Parent(s)/Guardian Printed Name _____ **Phone** _____

**Poolesville Baptist Church Ministries Registration
Health Information Form
Effective September 1, 2014 –August 31, 2015**

Please Print In Ink

Name _____ Birthday ____/____/____ Male _____ Female _____
Last First Middle

Fall of 2014 School _____ Fall of 2014 Grade _____

Parent/Guardian _____ Phone(H) _____ Work: _____ Cell: _____

Address _____ City _____ State _____ Zip _____

Second Parent _____ Phone(H) _____ Work: _____ Cell: _____

Alternate Emergency contact _____ Phone(H) _____ Work: _____ Cell _____

Student email address _____ Parent email address: _____

Medical Insurance carrier: _____ Policy # _____ Group # _____

Carrier Address _____ Name of Insured person _____

Insured's place of employment _____

Name of Family physician _____ Phone _____

Health History (check and give approx. dates)

<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Asthma	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Seizures	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Down's Syndrome
<input type="checkbox"/> Tourette's Syndrome	<input type="checkbox"/> ChickenPox	<input type="checkbox"/> Measles
<input type="checkbox"/> Mumps		

Allergies (Dates Not Needed)

<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Ivy Poisoning, etc	<input type="checkbox"/> Insect Stings
<input type="checkbox"/> Other(specify) _____	
<input type="checkbox"/> Drugs _____	

Chronic/recurring illness/medical conditions including mental illness (depression, anxiety, etc.) _____

Dietary Restrictions: _____

Current Medications (list all prescriptions. OTC and herbal)

Medication name _____ Dosage _____ Reason for taking _____

Medication name _____ Dosage _____ Reason for taking _____

Blood Type (If known) _____ Are all immunizations current?

(MMR, Tetanus-every 10 years, Hepatitis) Yes _____ No _____

Describe your student's swimming ability: Beginner _____ Intermediate _____ Advanced _____

Any other information you feel the leaders Should know in advance about your student?

My Child has permission to attend all church sponsored activities as listed in calendars or on the Poolesville Baptist Church website, including, but not limited to the following: cookouts, swimming, basketball, soccer, paintball, ice-skating, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, bowling, lock-ins, miniature golf, and overnight events.

Note: If you wish to limit your child's participation in any event, please submit your wishes, in writing, to Poolesville Baptist Church prior to that event.

Parent(s)/Guardian Signature _____ Date _____

Student's Signature _____ Date _____