

CCCH CHILDREN'S MINISTRY
2019 VBS REGISTRATION AND LIABILITY RELEASE & MEDICAL CONSENT
FORM

IMPORTANT: Print, sign, and bring to the VBS Registration Table

Minor Information

First Name

Middle Name

Last Name

Phone

Address:

City

State

Zip Code

Gender M F

Date of Birth

What grade will your child be entering in the 2019- 2020 school year?

Parent/Guardian's Contact Information

Parent/Guardian's Name

Relationship

Parent/ Guardian's Phone

Parent/Guardian's Email

Emergency Contact Information

Father's Name

Phone

Mother's Name

Phone

Emergency Contact Name

Emergency Contact Relationship

Emergency Contact Phone
Number

Medical Insurance Information

Insurance Provider

Policy Number

Policy Holder

The church's insurance is not a substitute for medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity

Health History

State all medical conditions
and contagious diseases including any
known allergies to drugs and/or
Insects.

Minor's Regular Physician:

Physician's Phone Number:

List of Minor's Medication

Any activity restrictions?

Yes

No

If yes, please explain the activity
restrictions:

AUTHORIZATION AND RELEASE AGREEMENT

I, the undersigned, represent and acknowledge that I am the parent or legal guardian of the minor named on this form ("Minor"), and that I am authorized on behalf of myself, Minor and our heirs, assigns and next of kin, to hereby enter into this authorization and release agreement ("Agreement"), in order for and IN CONSIDERATION OF Minor being able to participate in any church-related activities ("Activities") of Calvary Chapel Chino Hills (the "Church"). Activities include, but are not limited to, those listed below on Exhibit A, which is incorporated herein by this reference. I hereby authorize Minor to participate in said Activities.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in the Activities involves risk to the Minor 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. I

VOLUNTARILY ASSUME ALL SUCH RISKS, INCLUDING RISKS KNOWN AND UNKNOWN, OF INJURIES, HOWEVER CAUSED, EVEN IF CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION, OR NEGLIGENCE OF THE CHURCH OR ITS AGENTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, MEMBERS, OR OTHER REPRESENTATIVES (collectively "RELEASEES") TO THE FULLEST EXTENT OF THE LAW.

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, Releasees, from any and all liability, claims, demands, attorney's fees, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to Minor or to members of my family, household, or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the Activities, **WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE.**

SCOPE: I further acknowledge and accept that this Agreement is intended to be as broad and inclusive as permitted by law and agree that if any portion of this Agreement is deemed to be invalid, the remainder will continue in full legal force and effect.

EMERGENCY AUTHORIZATION:

I hereby authorize the Church and its agents, employees, and volunteers, and the above identified emergency contact(s) to consent to medical, surgical or dental examination, diagnosis, and/or treatment, including, but not limited to, X-ray examination, anesthesia, injections, and hospitalization as deemed necessary. I authorize the Church and its agents, employees, and volunteers to give the Minor the following over-the-counter medications, and any other prescribed medication, as directed by the labels provided by the manufacturer: Analgesics (such as ibuprofen or acetaminophen), antihistamines (such as Sudafed, Benadryl), antibiotic ointment, hydrocortisone cream (such as Cortaid), electrolyte replacement fluids, antiseptic skin and wound cleansers, analgesic balms or gels, and sunscreens.

I do not consent to the following medications being administered to Minor (if applicable):

DISCRETION MAINTAINED BY CHURCH:

I hereby agree and acknowledge that the Church and its agents maintain the sole discretion to deny or prevent Minor from participating in any Activities for any reason, including, but not limited to, safety concerns, the Minor's behavior, schedule conflicts, or incompatibility with the Church's mission or objectives. I acknowledge that Releasees will not be responsible for any costs incurred as a result of Minor being denied or prevented from participating in any Activities.

PHOTO/VIDEO CONSENT AND RELEASE:

I hereby assign and grant Releasees the right and permission to use, display, and publish photographs, videos, electronic representations, and sound recordings made of Minor during Activities, including, but not limited to, on a website maintained by the Church. I hereby RELEASE Releasees from any and all liability from such use and publication. I specifically WAIVE all rights to compensation and approval for any of the foregoing.

CONSENT TO DISCLOSURE OF MEDICAL CONDITION:

To provide Minor proper care and supervision, and to ensure the health and safety of the youth and staff of the Church, it will occasionally be necessary to disclose Minor's medical condition to those who have a need to know in order to take proper precautions and/or provide treatment. By signing this form, I consent to disclosure of Minor's medical condition to Church employees, volunteers, officers, directors, and agents, as well as to third parties who may be affected or have a reasonable basis to know, including, but not limited to, parents, children, medical providers, first responders, participants, hosts, facilities managers, and those with whom contact with Minor is foreseeable.

RESPONSIBILITY TO KEEP THE CHURCH INFORMED:

If any of the information I have provided on this form changes, I agree to promptly inform the Church of such changes, and sufficiently in advance for the Church to be aware of such changes and reasonably take any action necessary prior to Minor's participation in any Activities. **I also agree to immediately inform the Church if Minor is or has been exposed to any communicable diseases prior to participating in any Activities.**

I REPRESENT THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE, ESPECIALLY REGARDING MINOR'S MEDICAL CONDITION AND ACTIVITY RESTRICTIONS. I HAVE READ ALL OF THE FOREGOING, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF MINOR AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

Signature of the Parent/ Guardian

Date

Exhibit A
List of Activities

Sports/Physical activities

Dodgeball, baseball, Broom Hockey, football, volleyball, archery, rock climbing wall, ropes course, zip line, kayaking, paddle boarding, swimming, fishing, air soft combat, trampoline park, euro trampoline jump, slides, bowling, laser tag, obstacle course, skiing, snowboarding, tubing, mountain biking, wakeboarding, water skiing, white water rafting, hiking, snorkeling, sewing, cutting, cooking/baking, games, other sports, and strenuous physical activities.

Events or Off-Site Trips

Vacation Bible School (VBS), Camp/ing, overnigher at church/home, witnessing, mission trip, home fellowships, worship event, discipleship classes, beach days, park days, field trips (such as Reagan Library, Nixon Library, holocaust museum, etc.), amusement parks (such as Knott's Berry Farm, Disneyland, Magic Mountain, Raging Waters, etc.).

Transportation

Transportation to and from each activity or event.