



# Shores Community Church

## Event Participation Form

January 1, 2018 – December 31, 2018

I/We give consent for \_\_\_\_\_ (name of minor) to attend any Student Ministries events being sponsored by Shores Community Church from January 1, 2018 thru December 31, 2018.

In the event that he or she is injured while under the care of Shores Community Church and its' representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, Shores Community Church and its representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the events and do hereby release Shores Community Church and its representatives from any liability due to accident or injury incurred by my child.

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Every possible safety precaution will be taken by those in charge and every possible attempt will be made to contact the parent or guardians immediately in the event of an injury or other emergency!

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Grade of Minor \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Home: ( ) \_\_\_\_ - \_\_\_\_ Office: ( ) \_\_\_\_ - \_\_\_\_ Cell: ( ) \_\_\_\_ - \_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_

Special Medications or Medication Allergies \_\_\_\_\_

Health Insurance Provider and Policy # \_\_\_\_\_