

Date: _____

STUDENT INFO

Name _____ Gender: M / F Age _____
Birth Date _____ Grade _____ School _____
Address _____ City _____ Zip _____
Cell Phone _____ Email address _____

PARENT/GAURDIAN INFO

Mother Name _____ Employed by _____
Address (if different) _____ Email _____
Cell Phone _____ Work Phone _____
Father Name _____ Employed by _____
Address (if different) _____ Email _____
Cell Phone _____ Work Phone _____
Legal Guardian _____ Relationship to Student _____
Address (if different) _____ Email _____
Cell Phone _____ Work Phone _____

If a parent/guardian cannot be reached, please notify: _____
Contact Number _____

MEDICAL INFORMATION

Name of Physician _____ City _____ State _____ Phone (____) _____
Is he/she currently taking any medication or treatment? **PLEASE turn in ALL Medications to Youth pastor or Nurse on trip.**
 yes no If yes, explain _____
Has he/she been restricted from sports or swimming for any reason?
 yes no If yes, explain _____
Has he/she ever had a severe reaction to a bee or hornet sting, or insect bite?
 yes no If yes, explain _____
Date of last Tetanus Toxoid immunization: Month /Year _____
Check if he/she has: Sinus Trouble Hay Fever Heart Trouble Epilepsy Asthma Diabetes
Other: Please describe _____
List any allergies: Drugs: _____
Food: _____
Other medical needs: _____
Insurance Company _____ Insured's name _____
Mailing Address to submit claims: _____ (City,State,Zip) _____
Policy Number _____ Insured's S. S. _____

MEDICAL AUTHORIZATION: In the event of an emergency, I hereby give permission to the church-appointed sponsors who are with my child to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child. I understand that reasonable attempts will be made to contact me right away.

Parent/Guardian Signature _____ Date _____

NLCC JOURNEY &/or FUEL Youth
Release of Liability Form
June 2020 – May 2021

LIABILITY

I understand the activities, which my child may participate in during this community service program/activity, include, but may not be limited to running, basketball, and other activities of a physical nature. I agree to assume and forever release New Life Community Church of any liability for the risk of personal injury, emotional or mental distress, property damage, illness or wrongful death resulting from my child's presence or involvement in any activity whether at New Life Community Church or away on an official church function, caused by negligence of the volunteers or another person at the sponsored activity.

PHYSICAL HEALTH

This acknowledges that my child _____, born _____, who attends JOURNEY &/or FUEL Activities is in good health and is up to date on all immunizations. Further, any health restrictions, allergies, medications taken by the child, or any other needs are noted below:

PHOTO USE:

I understand and give permission to use my students' pictures for promotional materials (including the web, photos on Church walls, & slideshows/videos).

I HAVE READ THIS RELEASE AND WAIVER, I UNDERSTAND IT, AND I AGREE TO IT VOLUNTARILY.

Parent/Guardian Signature _____ Date _____

Database & Preferred Method of Communication:

In an attempt to help me/us feel "Connected" and that FUEL & JOURNEY Student Ministries of New Life Community Church can most effectively communicate with me and my family, I give permission to update their database with the above information for the sole purpose of communicating we care and "Connecting" with each other and events through weekly emails, text messages, and other forms of social media.

I have read the above statement and understand and agree to it voluntarily.

Parent/Guardian Signature _____ Date _____