

CALVARY CHAPEL OF COSTA MESA

JUNIOR HIGH / HIGH SCHOOL MINISTRY ACTIVITY CARD

FOR THE MINISTRY YEAR OF JUNE 2014 - JUNE 2015

This registration card will remain effective and on file through the date above.

STUDENT INFORMATION

First Name: _____ Last Name: _____ Gender: _____

PARENT OR GUARDIAN INFORMATION

First Name: _____ Last Name: _____ Gender: _____

Street Address: _____ City: _____ State / Zip: _____

Phone: _____ Cell: _____

Email Address: _____

OTHER EMERGENCY CONTACT

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent's Employer: _____ Address: _____

Insurance Company: _____ Policy Number: _____

Policy Holder: _____ School Attending: _____

PLEASE COMPLETE THE BACK SIDE OF THIS CARD.

HEALTH HISTORY

Please list any health concerns that we should be aware of. Also include any known allergies to drugs and/or insect stings.

Concern #1: _____ Concern #2: _____ Concern #3: _____

Date of Child's Last Tetanus Shot: _____ Child's Regular Physician: _____ Phone: _____

List of Child's Medication: _____

IMPORTANT: RELEASE MUST BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN I HEREBY STATE THAT I HAVE THE AUTHORITY TO GRANT THE PERMISSION, AND DO HEREBY GRANT SAID PERMISSION for my child herein identified below, to engage in all prescribed activities indicated above, UNLESS otherwise specifically excluded above. I also HEREBY STATE that I am the person most knowledgeable about the health history of my Child; and that the information provided in this application is true and correct to the best of my knowledge.

In case of accident or injury of my Child, I consent to allow any and all needed medical, dental, or surgical treatment to be performed, including but not limited to medical examination(s), diagnosis, treatment(s), surgery(ies) or operation(s), injection(s), hospital and/or other emergency care, as well as any and all corresponding treatment modalities, medical tests, x-rays, medications, anesthesia, etc., all to be provided under the general or special supervision of a physician and/or surgeon licensed under the Medical Practice Act and/or by a Dentist licensed under the Dental Practice Act and/or any other type of medical or health professional necessary to address the needs of my Child, as determined by the discretion of the Youth Pastor and/or his representative or agent(s).

This authorization shall remain effective with Calvary Chapel of Costa Mesa and its affiliates throughout my Child's attendance with the Program and during all such times that my Child is under the supervision of Calvary Chapel of Costa Mesa and its affiliates personnel, unless and until revoked by myself in writing. I further agree to pay and/or reimburse any and all charges for medical, dental, hospital surgical care or any related treatment and needs of my Child if requested. I HEREBY authorize the youth pastor or anyone in authority at Calvary Chapel of Costa Mesa and its affiliates and/or any Emergency Medical Technician (EMT), to administer common medicines such as cough medicine, Tylenol, and Ibuprofen, if necessary in dosages appropriate for my Child's age and to clean and bandage or wrap wounds as necessary.

In the event of accident or injury of my Child, I HEREBY WAIVE AND RELEASE Calvary Chapel of Costa Mesa, its Board of Directors, officers, employees, agents, staff, volunteers, affiliate churches and/or ministries, from any and all liability, damages, claims, judgements, attorneys fees and/or costs related to any such injury and/or accident and/or event.

Parent or Guardian's Name: _____ Signature: _____ Date: _____

Minor's Name: _____ Signature: _____ Date: _____

#1 Best Available Phone Number: _____ #2 Best Available Phone Number: _____