



Please Print. One student per form.

### STUDENT INFORMATION

Name of Student: \_\_\_\_\_ M/F \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Occasionally we use photos of ministry events that your child may appear in. May we use these photos of your child for promotional purposes? (Youth website, pamphlets, etc.) Yes \_\_\_ No \_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Company & Policy Number: \_\_\_\_\_

Emergency Numbers: \_\_\_\_\_

### RELEASE INFORMATION

The undersigned does hereby give permission for the above mentioned child to attend, participate and ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in ALL OR ANY STUDENT MINISTRY ACTIVITIES, SPONSORED BY SUNNYBROOK CHRISTIAN CHURCH, 421 E. RICHMOND ROAD, STILLWATER, OK BETWEEN 1/1/09 THRU 1/1/10.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

We (I), being 18 years age or older, do for ourselves (myself) (and for and on behalf of my child-participant), do hereby release, forever discharge and agree to hold harmless & indemnify Sunnybrook Christian Church and the directors, employees and agents & volunteers, thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in ALL OR ANY STUDENT MINISTRY ACTIVITIES OR TRIPS between 1/1/09 THRU 1/1/10 for any liability sustained by SUNNYBROOK CHRISTIAN CHURCH as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Signature: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Date: \_\_\_\_\_

List any medical concerns your child has: (i.e. Asthma, Diabetes, serious Allergies, emotional, mental, or physical limitations, or any medications.)

\_\_\_\_\_

This document was created with Win2PDF available at <http://www.win2pdf.com>.  
The unregistered version of Win2PDF is for evaluation or non-commercial use only.  
This page will not be added after purchasing Win2PDF.