

Participant Contact Information

Child's Name (print) _____ Age/Grade _____ / _____

Street Address _____ Date of Birth _____

City/State/Zip _____ Home Phone _____

Parent(s)/Guardian(s) Information

Name:	Relationship w/child:	Cell #/Email Address:
_____	_____	_____
_____	_____	_____

Medical Information

Please complete this form. In an effort to create a safe environment, we need to know how to best care for your child's health needs. Describe, in detail, any physical and/or psychological issues and treatments they may be subject to.

Gender _____ Height _____ Weight _____

Emergency contact _____ Phone# _____

Insurance company _____ Policy # _____

Physician _____ Physician Phone # _____

Dentist _____ Dentist Phone # _____

Hospital preference _____

Please circle any of the following ALLERGIES that your child may have:

- | | | | |
|------------|------------------------|---------------------------------|---------|
| Bee Stings | Dairy | Egg | Peanuts |
| Penicillin | Poison Ivy, Oak, Sumac | Seasonal (please explain below) | |

Other Allergies: _____

Drugs/Medications/Treatments: _____

Please circle any of the following MEDICAL CONDITIONS that your child may have:

- | | | | |
|----------------|-----------------|----------|-------|
| Asthma | Diabetes | Epilepsy | Heart |
| Hypo-glycaemia | Motion Sickness | Seizures | |

Other Medical Conditions: _____

Drugs/Medications/Treatments: _____

Please circle any of the following SPECIAL CONDITIONS that your child may have:

- | | | | |
|-------------------|---------|--------------------|-----|
| ADD/ADHD | Anxiety | Bi-polar | ODD |
| Physical Handicap | Phobias | Sleeping disorders | |

Other Special Conditions: _____

Drugs/Medications/Treatments: _____

Does your child have any condition that might prevent him/her from participating in any particular activity?

No Yes (please explain) _____

Drugs/Medications/Treatments: _____

For their safety, please circle one of the following that best describes your child:

- | | | |
|--------------|--------------|-------------|
| Good swimmer | Fair swimmer | Non swimmer |
|--------------|--------------|-------------|

Date of your child's last tetanus shot: _____ Blood type: _____

Please list any medications and doses that your child is taking, that may not have already been listed:

Activity Liability Release

Authorization and permission is given to Life Bridge Church to furnish any necessary transportation, food and/or lodging for participant. Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all transportation costs.

I (We) hereby release, forever discharge and agree to hold harmless Life Bridge Church and the leaders thereof from any and all liability, claims or demands for personal injury, sickness, death, as well as property damage and expenses incurred by the participant while participating in any Life Bridge Children's Ministry sponsored activities. Furthermore, I (we) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

I (We) hereby agree to hold harmless and indemnify Life Bridge Church and their leaders for any liability sustained by Life Bridge Church as the result of the negligent, willful or intentional acts of the participant, including any and all expenses incurred.

Parent/Legal Guardian Signature

Date

Medical Liability Release

I (being 21 years of age or older) understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby authorize an adult leader, in whose care my child has been entrusted, to consent to the physician or dentist selected by the adult leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, X-rays, or surgery for my child as deemed necessary.

Furthermore I hereby give an adult leader with Life Bridge Church consent for Emergency Medical Services (911) to be contacted in the event of a medical emergency. I give consent to Life Bridge Church for transportation for my child by ambulance if deemed necessary.

I further understand that my insurance coverage for my (our) child will be used as primary coverage in the event medical intervention is needed. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

I understand all reasonably safety precautions will be taken at all times by Life Bridge Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Life Bridge Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

By signing, I acknowledge that I have read the foregoing and agree to the terms established on this form.

Parent/Legal Guardian Signature

Date

Promotional Release

I hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which I or my child may appear by Life Bridge Church. I understand that these materials are being used for promotion of the ministry of Life Bridge Church which includes recruitment and fundraising efforts.

I release Life Bridge Church from any liability connected with the use of said pictures or voice recording as part of any promotional, recruitment, or fund-raising program

Parent/Legal Guardian's Signature

Date