## **Elevate Youth Medical Release and Waiver 2019**

## **Please Print**

Name:				Age:	Birthday:
Last	First	Middle			•
Parent E-mail:					□ Male □ Female
Address:			City:		State: Zip:
Phone:	(	Cell Phone:			
Medical Insurance Comp	oany:				Policy #:
Mother's Name:					
Phone: Home		Cell			Work
Father's Name:					
Phone: Home		Cell			Work
Emergency Contact:					
Phone: Home		Cell			Work
Doctor:				Office Ph	one:
Dentist:				Office Ph	none:
Check the following are  1. For your child's safety	and our knowl	edge, is your s	student a	, add anothe	r page with details:
□ good swimm	er □ fair swir	nmer 🗆 non	n-swimmer		
2. Does your child have a □ pollens □ r	O	food □ inse	ect bites		
2	ure disorder 🛛	heart troubl	_		ntly for any of the following: cal handicap
4. Date of last tetanus sho	ot:				
5. Does your child wear	□ glasses □	contact lenses	S		
6. Please list and explain	any major illne	sses the child	experienced d	uring the las	et year:
Additional comm	nents:				
Should this child	l's activities be 1	restricted for a	ny reason? P	lease explair	ı:

## For your information, we expect each student to conform to these rules of conduct:

No possession or use of alcohol, drugs, or tobacco

No students can drive

No fighting, weapons, fireworks, lighters, or explosives

No offensive or immodest clothing

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

No PDA (Public Display of Affection)

Participation with the group is expected

Respect property

Respect one another, staff, and adult leaders

Respect and comply with event schedules

## Students who fail to comply with these expectations may be sent home at their parents' expense.

Ministry activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature:	Date:
boating, canoeing, water skiing, swimming, chall-	veling in church or church affiliated sponsors vehicles, cookouts, enge courses, tubing, basketball, roller-skating, rollerblading, games in aseball, camping, hiking, biking, concerts, Bible studies, mission trips,
Also pictures may be taken and used on the church Student Pastor is aware of this.	ch's social media accounts. If this is a problem please make sure that the
Note: If you desire to limit your child's participat Pastor prior to that event.	ion in any event, please submit your wishes in writing to the Student
NAME OF STUDENT	has my permission to attend Impact Weekend activities
sponsored by Calvary Baptist Church, San Marco	s, TX from February 8- 10, 2019
This consent form gives permission to seek what Baptist Church, its staff and chaperones, of any	tever medical attention is deemed necessary, and releases Calvary liability against personal losses of named child.
attend events being organized by Calvary Baptist ministry event, and I/we hereby release Calvary I from any and all liability for any injury, loss, or d my/our child's involvement. In the event that he reasonable medical treatment as deemed necessary physician and/or hospital personnel designated by harmless of any claims, demands, or suits for dant that we will be ultimately responsible for the cost reimbursed by the health insurance provider. Further is accurate at this date and will, to the best of my/agree to bring my/our child home at my/our own Children's Ministries staff member or Children's	cudent named above, a minor, and have given our consent for him/her to Church. I/We understand that there are inherent risks involved in any Baptist Church, its pastors, employees, agents, and volunteer workers amage to person or property that may occur during the course of she is injured and requires the attention of a doctor, I/we consent to any ry by a licensed physician. In the event treatment is required from a sy Calvary Baptist Church, I/we agree to hold such person free and mages arising from the giving of such consent. I/We also acknowledge of any medical care should the cost of that medical care not be rither, I/we affirm that the health insurance information provided above four knowledge, still be current for the child named above. I/we also expense should they become ill or if deemed necessary by the Ministry Director.
Parent/guardian signature	Date:

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in Youth