

General Release Form for Participation



Student's Full Name: _____

Date of Birth: _____

Name of School/Grade: _____

Home Address:

Student's Cell: _____

Can student receive texts from Christ Church Youth Ministry Leaders?: Y N

Guardian's Name: _____ Relationship to student: _____

Primary Email: _____

Cell Phone: _____ Alt. Phone: _____

Guardian's Name: _____ Relationship to student: _____

Primary Email: _____

Cell Phone: _____ Alt. Phone: _____

Medical Release Information:

Medical Insurance Co.: _____

Member's Name: _____

Policy #: _____

Preferred Hospital: _____

Primary Physician: _____

Physician Phone: _____

Date of last medical exam: _____

Date of last Tetanus shot: _____

Special Medical Conditions:

(allergies, medications, recent surgery, handicaps or limitations, etc.)

Emergency Contact:

Please give the name & number of an adult 18+ we may contact in case of emergency. You give them consent to make emergency medical decisions in the event that you cannot be reached by listing them.

Name: _____ Relationship: _____

Primary Phone: _____ Alt. Phone: _____

Over to next page →

Photo/Video/Audio Release:

During many events, Christ Church Youth Ministry Leaders and other Christ Church Kingwood representatives document our activities through both photographs and video recordings. These are on occasion published in a variety of ways, including posted signage, through ministry/church email, flyers, social media, and on the Christ Church Kingwood website. We ask for your permission to use these photographs/videos in the manner described above. You may remove your permission entirely or temporarily at any time by contacting the Christ Church Youth Group Leadership.

Do you give permission to use photo/video/audio files of the student named on this form in the ways described above? _____ YES _____ NO

This consent and medical release form allows for the participant named to take part in various sponsored events, trips, outings, and/or camps of Christ Church Youth Ministry and Christ Church Kingwood. I understand that I can remove my permission entirely or temporarily at any time by contacting the Christ Church Youth Ministry Leaders.

I further understand that, in the event that the participant named above requires emergency medical, vision, or dental treatment while engaged in various sponsored trips, outings, and camps, reasonable efforts will be made to get a hold of the listed emergency contact to make decisions; however, if they are unavailable, I give my permission for the designated church representative to secure any needed medical treatment. I release the church representatives from any liability for accident or injuries while on these trips. I understand that Christ Church Kingwood will not provide personal medical, vision, or dental payments. I understand that I am responsible for any costs incurred due to emergency treatments.

I understand and agree that, in the event that the above named participant is involved in any inappropriate or dangerous activities (to be defined by representatives from Christ Church Kingwood), they will be sent home immediately at the discretion of the approved sponsors and/or church representatives. Any expenses incurred in this early return will be paid out of pocket by the signing party below.

Participant's Printed Name Signature Date

Parent/Guardian's Printed Name Signature Date
(If under 18 years of age)