



Youth Permission & Liability Release 2014-2015

Parent Email address: _____

Student cell # : _____

Student's Name _____ Birth Date _____

Parent/Guardian's Name _____ Home Phone _____

Cell Phone _____ Street Address _____

City _____ Prov. _____ Post-Code _____

Emergency Contact _____ Phone _____

OHIP # _____ Family Physician _____

Does this student have any allergies, take any medications, or suffer from any medical condition(s)?

If yes, please explain: _____

Should this student be restricted from any activities? _____ yes, _____ no. If yes, describe:

Medical Release

"In the event that I can not be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and or order an injection, anesthesia, or surgery for my child as deemed necessary."

Liability Release

"In consideration for acceptance for participating in the activities of Jennings Creek Christian Reformed Church of Lindsay youth ministry programs, I release, forever discharge, and agree to hold harmless Jennings Creek Christian Reformed Church of Lindsay and its staff, council, members, committees, program leaders, volunteers, employees, and agents from any and all claims, demands, or liability for sickness, personal injury, or death as well as property damages or loss and expense of any nature, incurred during participating in the activities of Jennings Creek Christian Reformed Church of Lindsay of during procurement or execution of authorized medical or dental treatment. I assume all risk for sickness, personal injury, death, damage, loss, and expense as a result of participating in such activities or treatment. Further, authorization and permission is hereby given to Jennings Creek Christian Reformed Church of Lindsay to furnish any necessary transportation, food, and lodging for the participant. Should it be necessary for the participant to return home due to any medical reasons, disciplinary actions or otherwise, I hereby assume all costs." I give JCCRC permission to transport my child and permission to use my picture for the purpose of promoting ministry at JCCRC.

I will comply with the JCCRC Abuse Prevention Policy: *Participants should be picked up within 15 minutes of the end of any activity.*

Signature of Participant _____

**Signature of Parent or
Legal Guardian** _____

Date _____