

Christ Community Church: A Church of the Nazarene
The Refuge Youth Ministries
Medical and Liability
Information and Release Form

General Information

Name:		Gender:	Age:	
Date of Birth:		Home Phone:		
Street Address:		City:	State:	Zip:
Cell Phone:		Work Phone:		
Emergency Contact Information				
Name 1:		Relation 1:		
Home Phone:	Cell Phone:	Work Phone:		
Name 2:		Relation 2:		
Home Phone:	Cell Phone:	Work Phone:		
Medical Information				
Doctor's Name:		Name of Doctor's Office:		
Doctor's Phone Number:		Office's Address:		
Health Insurance Company:		Policy Number:		

Medical Information

Allergic Reactions (bee stings, drugs, food, etc.)	
Name and dosage of any medications you routinely take:	
Date of last tetanus shot:	
Any medical conditions or activity limitations? If so, what are they?	

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Liability Release

The insurance provided by Immanuel Church of the Nazarene is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter (or you, if you are an adult participant) is involved in the ministries and activities of **The Refuge Youth Ministries**. In the event that I cannot be contacted in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the leadership of **The Refuge Youth Ministries** to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter (or myself, if I am an adult participant) as deemed necessary.

Signature of parent or guardian (or your own, if you are an adult participant.)

Signature: _____

Date: _____

Every ministry and activity sponsored by **The Refuge Youth Ministries** is carefully planned and adequately supervised by mature adults. However, there may be times when your son or daughter may not be under total adult supervision and will have to make personal choices and be responsible to adhere to the guidelines outlined for the trip. By signing this paragraph, the parent or guardian understands that level of responsibility will be assumed in their son or daughter's behavior and agrees to assume and accept all reasonable risks and hazards inherent in a program of ministries and activities such as sponsored by **The Refuge Youth Ministries**.

Signature of parent or guardian (or your own, if you are an adult participant).

Signature: _____

Date: _____

This liability release is valid from **January 7, 2006-December 31, 2006** and covers all involvement in **The Refuge Youth Ministries** programming including but not limited to: Sunday School, all Church services, Wreck the House, Camping Trips, Retreats, Mission Trips, all levels of Upstate New York District events, all Eastern Educational Regional events, and any other scheduled or unscheduled gatherings of young people under the umbrella of **The Refuge Youth Ministries**.

Signature of parent or guardian (or your own, if you are an adult participant):

Signature: _____

Date: _____

Signature of witness:

Signature: _____

Date: _____