

THE BRIDGE CHURCH KIDS/YOUTH DEPARTMENT

RELEASE/DISCLAIMER OF LIABILITY

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity described on the reverse and release from all liability and indemnify the International Church of the Foursquare Gospel d/b/a *The Bridge Church (Rancho Santa Margarita South Foursquare #89917)* and its directors, officers, council, agents, representatives, volunteers, and employees ("Church") from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any damage, injury or illness incurred or caused by my child while participating in or traveling to or from the activity, or otherwise in Church custody. I understand the risks in these activities, including the possibility of unforeseen hazards, serious injury or death. I certify my child is able to participate in the activity.
2. I agree to instruct my child to cooperate with the Church and its representatives in charge of the activity and understand my child may be prohibited from participating and/or sent home for any failure to follow the rules established by the Church.
3. I appoint Church representatives who are acting as leaders, or designated by such leaders, as my attorney in fact to act for me in my name and my behalf, in any way that I could act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity, related travel or while my child is in Church custody.
 - a. To give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency transportation, medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our medical attorney-in-fact shall deem necessary or appropriate for the best interest of the child.
 - b. I understand the Church will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
4. My child is to be **excluded** from the following activities _____ and/or from release to the following persons _____
(IF LEFT BLANK, NO ACTIVITIES OR PERSONS ARE EXCLUDED.)
5. I agree that the Church may use my child's and/or my own name, voice, portrait, photograph or image for promotional, website, office or any other church related purposes. These may be used in any broadcast, telecast, digital or print medium, including video images, photographs, pictures or renderings, audio recordings, or other likenesses, in combination or alone.

I will notify the Church immediately of any change in the information presented and agree it is valid until revoked in writing by me. I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of parent or guardian (*individually and as parent/guardian*)

Date

Signature of parent or guardian (*individually and as parent/guardian*)

Date

HEALTH FORM & EMERGENCY CONTACT

This form is required by California State Law for participants under 18 years of age.

I give my permission for (child's name), _____ to take part in **any/all events for one year** – May 1, 2016 through May 31, 2017 for the Bridge Church (*Rancho Santa Margarita South Foursquare #89917*).

PLEASE PRINT CLEARLY

CHILD INFORMATION:

Child's Name: _____ Grade in Fall '16 _____ D.O.B.: ____/____/_____
 Male Female Shirt Size: Youth or Adult XS S M L XL _____
Home Address: _____ City: _____ Zip Code: _____
Home (_____) _____ Child Mobile (_____) _____
Child Email: _____ Name of School: _____

PARENT OR GUARDIAN INFORMATION:

RELATIONSHIP TO CHILD:

Mother Father Other: _____

Full Name: _____

Home Phone (_____) _____

Mobile Phone (_____) _____

Work Phone (_____) _____

E-Mail: _____

Birth Date: ____/____/____

Does this parent live at the above address? Yes No

RELATIONSHIP TO CHILD:

Mother Father Other: _____

Full Name: _____

Home Phone (_____) _____

Mobile Phone (_____) _____

Work Phone (_____) _____

E-Mail: _____

Birth Date: ____/____/____

Does this parent live at the above address? Yes No

EMERGENCY INFORMATION:

EMERGENCY CONTACT 1 (OTHER THAN PARENT):

Relationship to child: _____

Full Name: _____

Home Phone (_____) _____

Mobile Phone (_____) _____

Names and phone of anyone other than parent/guardian or emergency contact authorized to pick up or sign child out: _____

EMERGENCY CONTACT 2 (OTHER THAN PARENT):

Relationship to child: _____

Full Name: _____

Home Phone (_____) _____

Mobile Phone (_____) _____

MEDICAL INFORMATION: (IF NONE PLEASE WRITE N/A)

Child's Doctor: _____ Doctor's Phone (_____) _____

Health Insurance Co.: _____ Insurance Phone (_____) _____

Policy #: _____ Group #: _____ Kaiser Med #: _____

IMMUNIZATIONS: ARE ALL IMMUNIZATIONS UP TO DATE? YES NO

PLEASE LIST ALL ALLERGIES AND REACTIONS:

Drug: _____ Food: _____

Insect/Plant: _____ Diet Restriction: _____

List all medical conditions: physical, emotional, behavioral disorders and learning disabilities: _____

Does the child have an EPI pen for emergencies? Yes No EPI Pen is for: _____

IMPORTANT: Please notify The Bridge Church (949) 713-4013 immediately if your child has been exposed to a communicable disease during the three weeks prior to event attendance.