

**Event:** General Youth Events

**Date:** September 1, 2017 - September 1, 2018

Participant's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Current Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby grant permission for my child, named above, to participate in all yearly activities with the Covenant Community Church Student Ministries program. I understand that my child participates in these activities at his or her own risk, and I hereby waive and release the Covenant Community Church, its Student Ministries Directors, and its volunteer adult supervisors from all liability for any injury, personal or otherwise, to my child or caused by my child during the course of his or her participation in these activities, including during transportation to and from the activity location, if applicable. Should any problems arise concerning the behavior of my child that would require that he or she return home prior to the end of any activity, I agree to be held responsible for any related transportation costs. Furthermore, I recognize that Covenant Community Church and its Student Ministries program uses photographs and video images of events in published materials such as the Church website, newsletters and bulletins, and I hereby grant permission for photo/video images of my child to be taken and to be used for such purposes.

In the event of a medical emergency, I hereby authorize the treatment of my child, the minor named above, by a qualified and licensed medical doctor if it is the opinion of that doctor that the treatment is medically necessary and I cannot be reached after reasonable effort has been made to secure my personal consent. Further, I agree to be held responsible for any medical expenses that may be incurred as a result.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or legal guardian)

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Covenant Community Church  
2250 S. Yukon Parkway  
Yukon, OK 73099  
(405) 354-9338

# Participant Details

Participant Name: \_\_\_\_\_

Emergency Contacts:

1. Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Day Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Night Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Day Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Night Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Policy and/or Plan #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_

Special Medical Conditions—(Allergies, chronic illness, special needs, or other conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that, to the best of my knowledge, the above information is accurate and current as of the date below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or legal guardian)