



YOUTH MINISTRIES RELEASE FORM

The undersigned does hereby give permission for my child, _____ to attend **on-site and off-site activities** with the Youth Ministries of Country Club Christian Church. I agree that I will not hold Country Club Christian Church (Disciples of Christ) responsible for any accidents or injuries which may occur during this time.

RELEASE

In consideration for being accepted by Country Club Christian Church for participation in trips or activities and in consideration of the value of the services rendered or to be rendered and for other good and valuable consideration, the undersigned, being 21 years of age or older, does for myself and for and on behalf of my child-participant if said child is not 21 years of age or older hereby release, forever discharge and agree to hold harmless Country Club Christian Church, its directors, officers, agents, representatives, and employees thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned or the child-participant that occur while said child is participating in trips or activities sponsored by Country Club Christian Church, including but not limited to any claims, causes of actions, demands, or liability for negligence.

Furthermore, the undersigned hereby assumes all risk of personal injury, sickness, death, damage and expense as a result of participation in the recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned does also hereby give permission for the child-participant to ride in any vehicle designated by the adult in whose care said child has been entrusted while attending and participating in activities sponsored by Country Club Christian Church.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Parent

Date

Parent

Date

Legal guardian

Date



YOUTH MINISTRIES HEALTH FORM

Name: _____ Date of birth: _____

Home Address: _____ Zip: _____

Home Phone: _____ Parent Cell Phone: _____

Emergency Contact(s) & Phone Number(s): _____

Hospitalization Policy with: _____ Claims Phone: _____

Claims Address: _____ Zip: _____

Policy Number: _____ Type of Coverage: _____

Employer Name: _____

Employer Address: _____

Family Physician, Phone, and Address: _____

Parent Social Security Number(s): _____

Youth Social Security Number: _____

MEDICAL INFORMATION:

Any Allergies: _____

Is child currently on any medications? _____

If yes, what medications? _____

Does the child have any medical problems? _____

If yes, what medical problems? _____

Does the child have any special dietary needs? _____

If yes, what dietary needs? _____



LIMITED POWER OF ATTORNEY

(FOR MEDICAL TREATMENT)

KNOW ALL PEOPLE BY THESE PRESENTS: That I, _____,

legal and custodial parent/guardian of _____, have made, constituted and by these presents to make, constitute, and appoint an adult representative of Country Club Christian Church, as true and lawful attorney for those limited purposes set out herein, for me in my name, place and stead to:

- a) Seek on my behalf and for my child named above all emergency medical, hospitalization, doctors services and other medical treatments as my attorney-in-fact may deem best in the event that my child as aforesaid should be in need of same due to an accident or the sudden illness of said child. Further, to authorize said attorney to execute and sign any and all admission forms, medical authorizations, releases, and any and all other documents necessary to receive medical treatment.
- b) This Limited Power of Attorney shall not be construed to give this attorney-in-fact any other powers other than as stated herein and that the sole purpose of this Limited Power of Attorney is to obtain medical services or treatment for my child in the event of an accident or sudden illness.
- c) This Limited Power of Attorney shall cover a period of not less than one year and no more than five years and shall only be used and effective if my attorney-in-fact can attend and accompany my child on a particular event for which I give my permission. My attorney-in-fact shall evidence my permission before seeking any medical service or treatment for said child.

IN WITNESS WHEREOF, I have hereunto set my name this _____ day of _____, 20__.

(Signature)

STATE OF _____

County of _____

I, the undersigned Notary Public for the above County and State, do hereby certify that the foregoing Limited Power of Attorney was this day produced before me in said State and was acknowledged and signed by

_____, to be his/her free and voluntary act and deed for the purposes set out herein.

Notary Public, State at large, _____

My Commission Expires: _____