

Event Participation Form

Medical / Liability Release Form

The Source Church

Please read and complete this form to participate in the following listed activity:

Activity:	Date
-----------	------

Participant's Information		
Name:	Birth date:	Age:

Parent / Guardian Information	
Parent /Guardian's Name:	Home Phone: Cell Phone:
Address: Street, City, State, Zip	
Emergency Contact:	Home Phone: Cell Phone:

Medical Information	
Insurance Company:	Policy # / Group #
Primary Doctor:	Doctor's Phone #:
List any medical allergies, conditions, medications, or medical concerns:	

I appreciate that The Source Church and its agents take all reasonable safety precautions during events, trips, and activities. I also understand the possibility of unforeseen injuries and know the inherent potential of risk. At this moment, I agree to release and forever discharge and agree to hold harmless, The Source Church, its leaders, employees, volunteer staff from any liability claims for damages, losses, sickness, or injuries.

I understand that if medical attention is needed for this child during the activity, every attempt will be made to consult the listed contact person. If the persons listed cannot be reached. In that case, I give my permission to the activity leaders to secure the services of a licensed physician, surgeon, nurse, paramedic, EMT, and any other first responder to provide medical services deemed necessary for the well-being of the child listed. Furthermore, I agree to pay all fees and costs that may arise to obtain medical treatment for my child's welfare. The Source Church also has my permission to publish any photos from this event to promote Church activities on its social platforms, flyers, or other appropriate marketing material.

Parent / Guardian Signature: _____ Date: _____

Student / Parent Information Form

The Source Church

Please keep and retain a current copy on file for emergency contact information and notifications.

Student Information			
Name:	Age:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
School:	Grade:		
Home Address: <i>(Street, City, Zip)</i>			
Student E-Mail Address:		Church Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Guardian Information / Emergency Contacts	
Mothers Name:	Home Phone: Cell Phone:
Father's Name:	Home Phone: Cell Phone:
Primary Contact:	Home Phone: Cell Phone:
Pick-Up Protocols or Restrictions: <i>(Please provide any information on prohibited parties.)</i>	

Health Information
Medical Conditions or Concerns:
Required Medications or Protocols
Activity or Dietary Restrictions

Additional Information

Completed By:	Date Completed:	Reviewed By: <i>(Staff Worker)</i>
---------------	-----------------	------------------------------------