

## Registration, Medical & Liability Release Form

This covers all church sponsored activities from June 1, 2016 to July 30, 2017

STUDENT'S NAME	BIRTH DATE
Address	CityZip
	) Family E-mail
	Track A B C D TRAD HM
	fy Phone ()
	Phone ()
	Father's First & Last Name
Mother's Cell# ()	Father's Cell# ()
<ul><li>HEALTH</li><li>Allergies (insect bites, bee stings, medication, for</li></ul>	od, etc.)
Other Conditions & treatment details (Epilepsy, E	Diabetes, Asthma, Heart Condition, Physical Limitations, etc.)
Are there any athletic restrictions? Yes No	If yes, what?
Anything else you think we should know?	
Year of last tetanus shot:	
Anything else we should know:	
INSURANCE	
Our church's insurance is only secondary insurance	. If you have medical insurance, your carrier will be billed for
all medical charges in the case of illness or injury. D	o you have health insurance? Yes No
Place of Employment	
Insurance Company	Policy#
LIABILITY RELEASE	
• I give consent for minor named above to attend	any Children's Ministry events being sponsored by CCC.
• In the event that he/she is injured while under th	ne care of Creekside Christian Church and its representatives
and requires medical attention, I hereby cons	ent to and will be responsible for any reasonable medical
treatment as deemed necessary by a licensed p	physician.
• I understand the nature of the event and	do hereby release Creekside Christian Church and its
representatives from any liability due to acciden	t or injury incurred by my child.
• I agree to cover all costs if my student needs to b	be sent home for disciplinary reasons.
• I understand that I, or my minor, may be traveling	g in all modes of transportation.
PARENT/GUARDIAN SIGNATURE	DATE
PARENT/GUARDIAN (Printed Name)	

## PLEASE NOTIFY US IF ANY OF THIS INFORMATION CHANGES!

Creekside Christian Church ♦ 8939 E. Stockton Blvd. ♦ Elk Grove CA 95624 ♦ (916) 685-4821