



August 31, 2011 - August 31, 2012

X-Treme Medical & Liability Release Form

Youth's Name _____ Date of Birth _____

Address _____ Phone _____

City _____ State _____ ZIP _____

Sex _____ Height _____ Weight _____ Grade _____

EMERGENCY CONTACT PERSON:

Parent/Guardian Name(s) _____

Address (if different from student) _____

City _____ State _____ ZIP _____

Home Phone _____ Work/Cell Number _____

E-Mail address (to use for announcements or contacts) _____

ALTERNATE CONTACT PERSON: (Use someone near the primary contact)

Name _____ Relationship to Youth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work/Cell Number _____

INSURANCE INFORMATION:

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? Yes No (Please circle)

Insurance Company Name _____

Policy # _____ Group # _____

In whose name is the insurance? _____

Family Doctor _____ City/Town _____

Phone Number _____

TURN OVER

HEALTH HISTORY

Name and dosage of any medications that must be taken:

Any Allergies? _____ To Medications: _____

_____ Hay Fever _____ Heart Condition _____ Diabetes _____ Insect Stings _____ Asthma

_____ Frequent Stomach Upsets _____ Epilepsy/Nervous Disorders _____ Physical Handicap

_____ Any major illnesses during the past year?

If any of the above are checked, please give details (i.e. - include normal treatment of allergic reactions)

Date of Last Tetanus Shot _____ Contact Lenses? Yes No (Please circle)

Any swimming restrictions? Yes No What? _____
(Please circle)

Any activity restrictions? Yes No What? _____
(Please circle)

LIABILITY RELEASE STATEMENT

I understand that all reasonable safety precautions will be taken by the Bible Fellowship Church of Ephrata and its agents during Youth Group. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Bible Fellowship Church of Ephrata, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by the Bible Fellowship Church through its accident policy will be used as a backup for what my family's insurance does not cover. I understand that in the event medical intervention is needed, every attempt will be made to contact the emergency contacts listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to secure medical treatment for my child as deemed necessary.

_____ I have read the above permission form and agree.

Parent/Guardian Signature _____ Date _____

Signature of Student _____ Date _____
(if over 18 years of age)

PROMOTIONAL RELEASE STATEMENT

I and cosigned parent/legal guardian hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear in promotional materials for BFC of Ephrata. I understand that these materials are being used for recruitment and fund-raising efforts.

I release BFC of Ephrata from any liability connected with the use of my picture or voice recording as part of any promotional, recruitment, or fund-raising program.

Signature _____ Date _____

Parent/Guardian _____ Date _____
(if youth under 21)