

**CALVARY CHAPEL  
BIBLE FELLOWSHIP**

**YOUTH MINISTRY PERMISSION SLIP**

The following information is being requested in order to provide the best possible care to your child who is participating in this activity, so please fill out the medical information below as completely and descriptively as possible. Use additional page(s) if required to properly provide all information.

**STUDENT INFORMATION**

First: \_\_\_\_\_ Last: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School Attending: \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State / Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**HEALTH HISTORY**

To protect your child from possible embarrassment, but not exclude him/her from participation, please CIRCLE any healthy concerns that we should be aware of

- Sleep Walking    Heart Defect / Disease    Convulsions    Diabetes    Bleeding / Clot Disorder    Frequent Ear Infections  
 Bed Wetting    Allergic to Insect Bites    Hay Fever    Asthma    Allergic to Penicillin

Diseases: Chicken Pox, Measles, German Measles, Mumps, Other: \_\_\_\_\_

- To your knowledge, has your child been exposed to any communicable diseases within the past 21 days? YES / NO  
 If yes, which ones: \_\_\_\_\_
  - Does your child have Asthma? YES / NO    If yes, did they pack an inhaler? YES / NO
  - Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity? If yes, please explain: \_\_\_\_\_
  - Date (or year) of child's last Tetanus shot: \_\_\_\_\_
- Child's Regular Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**MEDICATION INFORMATION**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ When Taken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Parent's Employer: \_\_\_\_\_ Parent's Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
 Policy Holder \_\_\_\_\_ Policy Holder \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**BY SIGNING BELOW I HEREBY DECLARE THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.**

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Minor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#1 Best Available Phone Number: \_\_\_\_\_ #2 Best Available Phone Number: \_\_\_\_\_

# CCBF MINOR PARTICIPATION AGREEMENT

In consideration of Calvary Chapel Bible Fellowship's agreement to permit my child participate in the activity, the receipt and sufficiency of which consideration is hereby acknowledged, I, individually, and on behalf of my child and our respective heirs, successors, assigns and personal representatives, agree as follows:

I represent that I am the parent or legal guardian of the minor participant identified below (hereafter "my child"). By signing this release, I hereby warrant that i have legal right, without limitation, to enroll my child into the activities of Calvary Chapel Bible Fellowship Youth Ministry. By placing my signature below, I hereby grant my permission to allow my child to participate in the activity without restriction or limitation.

## (I) GENERAL LIABILITY RELEASE AND INDEMNIFICATION

I nonetheless authorize my child to participate in the activity and I agree that my child assumes any and all risks of injury or harm, of any kind, that may be sustained by my child while traveling to, from, or participating in the activity. To the fullest extent permitted by law, I fully release and discharge Calvary Chapel Bible Fellowship., its representatives, affiliates, subsidiaries, divisions, members, directors, officers, employees, agents, servants, volunteers, staff, speakers, teachers, or any of them (collectively referred to herein as "Calvary Chapel"), from all actions, suits, claims, causes of action, and demands for any injury or harm of any kind whatsoever which may arise from or out of my child's travel to, from, or participation in the activity, however such injury or harm is caused, even if it is caused in whole or in part by action, inaction, or negligence of Calvary Chapel. This release is intended to discharge Calvary Chapel against any and all liability arising out of or connected in any way with my child's travel to, from, or participation in the activity, even though that liability may arise out of the negligence or carelessness on the part of Calvary Chapel.

Should any claim be made or any lawsuit be filed against Calvary Chapel on account of any injury or damage to my child arising from any or related in any way related to my child's travel to, from, or participation in the activity, I agree to defend, save, hold harmless, and to fully and completely indemnify Calvary Chapel for any and all amounts incurred, whether by settlement or judgment, including any amounts incurred by Calvary Chapel in defending against any such claim or judgment, including all attorney's fees and costs incurred. Moreover, should any claim be made or any lawsuit be filed against Calvary Chapel by any third party on account of the acts or conduct of my child arising from any or related in any way related to my child's travel to, from, or participation in the activity. I further agree to defend, save, hold harmless, and to fully and completely indemnify Calvary Chapel from any and all amounts incurred, whether by settlement or judgment, as well as any amounts incurred by Calvary Chapel for defending against any such claim or judgment, including all attorney's fees

This general liability release and indemnity agreement shall apply to all known, unknown and/or unanticipated injuries and damages resulting from or during my child's travel to, from, or participation in the activity from any cause whatsoever.

## (II) AUTHORIZATION AND CONSENT TO MEDICAL TREATMENT

I give my informed consent to allow Calvary Chapel and any First Aid personnel assigned by Calvary Chapel, to provide basic First Aid and comfort measures to my child through standardized treatment procedures which includes the use of over-the-counter medications. I authorize Calvary Chapel to provide my child with the following generic, over-the-counter medications as directed by the labels provided by the manufacturer: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of \_\_\_\_\_.

I authorize Calvary Chapel to arrange for or provide any necessary transportation for my child to the nearest medical facility for urgent or emergency medical treatment, if indicated, and I assume all responsibility for payment for such treatment. I acknowledge that my child has his or her own medical and dental insurance and I fully and unconditionally release and indemnify Calvary Chapel from all liability for any medical or dental treatment rendered to my child.

I hereby authorize and consent for my child to receive medical treatment, including any x-ray, examination, anesthetic, medical or surgical procedures which may be deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state or country in which such medical treatment occurs. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care to my child to which the aforementioned licensed medical professional or institution which, in the exercise of their best judgment, may deem advisable. I understand that every effort shall be made to contact me prior to rendering any medical treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the California Family Code section 6910, and similar provisions of the laws of the State or Country in which the medical or dental care is being sought.

I hereby authorize any hospital, medical facility, other medical provider who has provided treatment to my child to surrender physical custody of my child to Calvary Chapel upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California, and similar provisions of the laws of the State or Country in which the medical treatment has been provided.

## (III) VIDEO/PHOTO RELEASE

During the activity, photographs, audio recordings, and videos may be taken by Calvary Chapel and used for future publicity. I give permission for such photographs, audio recordings, and videos depicting my child captured during the activity to be used for the purposes of Calvary Chapel, including in promotional materials and publications and I waive any rights of compensation or ownership there to. I understand I will not be paid royalties or other compensation and I forfeit any rights I may have to payment if such photos, videos or recordings are published. I agree that any media depicting my child during his or her participation in the activity is the sole property of Calvary Chapel.

No oral representatives, statements, or inducements have been made by or between the parties to this Agreement with respect to the subject matter of this Agreement apart from the matters set forth within this Agreement.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

### THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY BEFORE SIGNING.

Print Name of Minor Participant: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Print Name of Legal Parent or Guardian: \_\_\_\_\_ Signature of Legal Parent or Guardian: \_\_\_\_\_

Print Name of Legal Parent or Guardian: \_\_\_\_\_ Signature of Legal Parent or Guardian: \_\_\_\_\_