

# Youth Group Participation Form

CCC Youth

School Year: 2014-2015

503 N. Washington

Canton, OK 73724

## Student Information

Please Print

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2014): \_\_\_\_\_

Has Student Been Baptized? Yes or No

## Parental/Guardian Information

Father's Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Persons (other than parents) authorized to pick up your child: \_\_\_\_\_

## General Information

Medical Insurance Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medication (s): \_\_\_\_\_

Allergies: \_\_\_\_\_

Home Church: \_\_\_\_\_

I am the parent or legal guardian of the participant named above. I hereby release Canton Christian Church and their agents and employees from any liability for all personal injuries know or unknown that the named above may incur due to reasons unrelated but not limited to negligence by participation in the activities conducted, sponsored or associated with the event stated above. In the event that I cannot be reached in the case of emergency, I do hereby authorize a physician selected by the coordinator of this event to administer emergency treatment, including medication, diagnostic tests, surgery or other medical intervention deemed necessary by the physician. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily on behalf of myself and the participant named above, and with full knowledge of the significance, to bind all persons. I have signed this release on the date indicated below.

Name (print clearly): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_