

FAITHWALK CHURCH REGISTRATION, DISCLOSURE, RELEASE,
AND EMERGENCY MEDICAL CONSENT FORM

For the Calendar year _____

Participant Name		Date of Birth	
Address			
City State Zip			
Lives With (choose one)	Both Parents Mother Father Guardian Other: _____		
Do you currently report to a Probation officer?	If yes, provide name & Contact #	Have you been baptized?	Yes No
Home Phone		Cell Phone	

Mother / Guardian	
Work Phone	
Address (if different)	
City, State, Zip	
Home Phone	

Father / Guardian	
Work Phone	
Address (if different)	
City, State, Zip	
Home Phone	

Doctor's Name	
Office Phone	

Hospital Preference	
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Emergency Contact – parent/guardian will be tried first	
Emergency contact Address	
City, State, Zip	
Work Phone	Home Phone

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Insurance Info – Attach copy of front and back of card

Insurance Company	
Group Number	
Group Name	
Insured's Name	

Health History

Please list any Special Medical Conditions

Last Tetanus Shot_____

Medications to be taken:	Directions

Allergies? List if any

May be given as necessary: (initial appropriately)

Aspirin Yes____ No____

Tylenol Yes____ No____

Ibuprofen Yes____ No____

Any Specific Activities	
Encouraged	
Discouraged	

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I hereby give consent in advance to the designated Youth Leaders of FAITHWALK CHURCH and to the physicians or hospitals selected by them to render first aid treatment or deny treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens, and x -rays, giving blood transfusions, and medications, anesthesia, and surgery for my dependent listed above. I understand that the Youth Leaders of FAITHWALK CHURCH will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.

I release all Youth leaders and staff affiliated with FAITHWALK CHURCH from any and all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrences causing injury to any person or property.

Signature (Parent/ Guardian)

Date

Notary Public

Date

My Commission Expires: _____

Notary Seal

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THRIVE YOUTH MINISTRY GENERAL PARTICIPATION RELEASES

TRANSPORTATION RELEASE (Applies to students only)

_____ I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle.

DISCIPLINE RELEASE (Applies to students only)

_____ In the event of misconduct, I authorize the staff to send my student home at my expense.

***INSURANCE RELEASE** (Applies to all traveling)

_____ I realize the church insurance begins where the individual health and accident policy terminates. It is only valid when all other insurance has been extended to its limits.

***PERSONAL BELONGINGS RELEASE**

_____ I realize that the church or its sponsors are not responsible for personal belongings.

***PHOTO RELEASE**

_____ I understand that photos are taken at Thrive events and that these photos may be used for internal or external promotion, in digital or printed formats, and that these are the sole property of FaithWalk Church. I consent to the church's use of photos that my child may be included in.

***GENERAL RELEASE**

The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, it's officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church. The undersigned or a member of the immediate family of the undersigned further acknowledge this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any activity.

I, _____, BEING THE LEGAL GUARDIAN OF _____
GIVE MY PERMISSION FOR HIM/HER TO PARTICIPATE IN CHURCH SPONSORED ACTIVITIES. I FURTHER
AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO SHARE ANY INFORMATION RELATING TO THE
PARTICIPANT OR STUDENT WITH ANY PARENT AND OR GUARDIAN OF THE PARTICIPANT OR STUDENT
UNLESS THE CHURCH IS PROVIDED WITH VERIFIED DOCUMENTATION ISSUED BY A COURT OR OTHER
AUTHORITATIVE AGENCY OR INSTITUTION WHICH RESTRICTS THE SHARING OF INFORMATION WITH A
PARENT.

Signature (Parent / Guardian if minor) _____

Date _____