



CIRCLE ONE

2019 TEEN EXTREME LOCK-IN MEDICAL RELEASE FORM (STUDENT) (CHAPERONE)

Use this form for one Attendee only. This form must be filled out by listed chaperone or the legal guardian of the listed student.

Each church must have at least 1 chaperone per 10 students

Participant's Name: _____ Age: _____

Phone: _____

Emergency Contact(Number): _____

EMERGENCY INFORMATION

In the case of an emergency, Central Cal YM will contact the parent or legal guardian immediately. If we are unable to reach you, please list a secondary contact person who we can call. This contact person must be someone not living in the same household.

Name _____

Day & Evening Phone _____

Relationship _____

MEDICAL RELEASE (to be filled out by Parent/Guardian)

I HEREBY AUTHORIZE THE CENTRAL CAL YOUTH MIN. AND/OR ITS REPRESENTATIVE, AS AGENT FOR MYSELF TO PROCURE MEDICAL, HOSPITAL OR DENTAL CARE FOR MY CHILD NAMED ON THIS FORM, IN THE EVENT OF INJURY OR ILLNESS WHILE THE CHILD IS IN THE CARE OF THE ABOVE NAMED, I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY CARE PROCURED. IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT, OR HOSPITAL CARE BEING REQUIRED. BUT IS GIVEN TO PROVED AUTHORITY ON THE PART OF MY AGENT TO CONSENT TO SUCH MEDICAL CARE, SHOULD IT BECOME NECESSARY. I ALSO AUTHORIZE DESIGNATED MEDICAL PROFESSIONALS TO DISPENSE OVER THE COUNTER MEDICATIONS AS NEEDED TO THE STUDENT LISTED ABOVE. I HEREBY IRREVOCABLY CONSENT TO AND AUTHORIZE THE UNRESTRICTED USE AND REPRODUCTION BY YOU OR ANYONE AUTHORIZED BY YOU, OF ANY AND ALL PHOTOGRAPHS AND/OR VIDEO IMAGES WHICH YOU HAVE TAKEN OF THE STUDENT LISTED ABOVE, FOR USE WITHIN THE SCOPE OF THE CENTRAL CALIFORNIA YOUTH MINISTRIES, PENTECOSTAL CHURCH OF GOD, INC.

After having read, or have had read to me, I agree to abide by the rules and regulations of the event and to waive any and all claims against the District Organization, The Pentecostal Church of God, or any of its District Board or its representatives, because of any injury or other damage that may be incurred to me or my property in connection with, or incident to, the Pentecostal Church of God. I also give my permission for any pictures taken maybe used for Central Cal Youth Ministries.

SIGNATURE OF STUDENT _____

PARENT/GUARDIAN SIGNATURE _____

Medical Insurance

Name of family physicians _____

Do you carry family medial/hospital insurance yes no

Carrier name: _____ phone _____

Group policy number _____

Name of insured _____

Chaperones Only

Child Abuse Training & Background Check (This must be completed in order to chaperone at any PCG event)

Have you completed your church's child abuse program and background check? _____ YES / NO

Date completed _____

Applicant's Signature: _____

Pastor's signature: _____

Pastor's printed name: _____

Location:

-Rally begins at 7:00pm, Friday, November 8, 2019, at the Lindsay Theatre, 190 N. Elmwood Ave, Lindsay, Ca. Pizza and drinks after the rally.

-Lock-In 10:30pm - 5:00am at McDermost Field House, 365 N. Sweetbriar Ave. Lindsay, Ca