



Participant Information: Jr. High or Sr. High Student: _____ School: _____ Grade: _____

Legal Name (First, Middle, Last) _____ Preferred name: _____

Date of Birth: ___/___/___ Male ___ Female

Address _____

City _____ State _____ Zip _____ Email Address _____

Parent/Guardian & Emergency Contact Information:

Name _____ Relationship to Participant _____

Home Phone _____ Cell Phone _____ Other _____

(Please check preferred contact number)

Email Address _____

Name _____ Relationship to Participant _____

Home Phone _____ Cell Phone _____ Other _____

(Please check preferred contact number)

Email Address _____

Emergency Contact (in case we cannot reach the above)

Name _____ Relationship to Participant _____

Home Phone _____ Cell Phone _____ Other _____

(Please check preferred contact number)

Email Address _____

Parents or Guardians, please initial on the line by each medication you give permission for us to dispense to your child (upon request) from our emergency supply box. For any medications you initial, you will not have to send a supply of that particular medication.

_____ Ibuprofen (Advil or Motrin) _____ Acetaminophen (Tylenol) _____ Allergy (Claritin, Benadryl)

Please initial:

_____ I understand that this is for **over the counter medication only**. Should my child have other medication, the medication and its instructions will be turned into the nurse upon registration on the departure day.

_____ I understand that if my child begins a medication after this form is turned in changing the information provided above, it is my responsibility to update paperwork on file in the Student Ministry Office and alert them of these changes.

Student Office Use Only:

_____ The Race _____ Jr.High Retreat _____ Sr. High Retreat _____ Sr. High Camping Trip _____ Fusion _____ Missions Trip

_____ Other _____

Medical Information:

*In the unlikely event that we would have to transport your child to the hospital, we need all medical information possible. We will keep these on file in the student ministry office for the 2016/2017 school year. **You will be responsible to notify us if your insurance information changes.***

Family Physician _____ Phone Number _____

Medical Insurance Company _____ Policy/Group Number _____

Food Allergies (please name) _____

Drug Allergies (please name) _____

Please initial: _____ **A copy of the participants health insurance card (front and back) is attached.**

Check the following AREAS OF CONCERN for this student. If necessary, add another page with details.

Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- asthma epilepsy / seizure disorder heart trouble diabetes frequently upset stomach physical handicap
- EpiPen (Note: Another form must be filled out for all participants who have an EpiPen. Please contact the Student Office.)

Has the participant had any major illnesses or injuries during the last year? Yes No

If yes, please explain:

Should this the participant's activities be restricted for any reason? Yes No

If yes, please explain:

*If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. **Medications and dosages must be listed on the Medication Form and turned into the nurse for each event upon student check-in.***

Participant Agreement:

Please initial next to each section.

___ **CELL PHONES** will be allowed at certain student events. Cell phones are a major distraction and we will not be allowing students to bring them to camp or on mission trips. If a cell phone is brought to Wednesday evening worship, we asked they are silenced and not used till the end of the event. We ask students bring their paperback Bible for CSM.

___ **NO Portable Electronic Devices:** To encourage conversation and community-building, please leave these devices (including iPods/music players, gaming devices, etc.) at home. If these devices are brought, they will be collected and returned at the end of the event.

___ **THE BIG 3** Any student who brings drugs, alcohol, or any type of weapon will be immediately sent home. In addition, anyone who fights, threatens the safety of others, or fails to comply with event rules will be subject to removal from the event.

___ **DISPLAYS OF AFFECTION** between girls and guys are inappropriate unless married and will not be tolerated!

___ **ROOMS ARE PRIVATE.** No Girls in Guys rooms / No Guys in Girls rooms.

___ **"BIG 5" Group Proverbs:**

- Show Respect! • Listen! • Be Flexible! • Have a Good Attitude!
- Be where you're supposed to be, when you're supposed to be there, doing what you're supposed to be doing!

I, the student, have read the above evaluation of my health, and permission to participate in student activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ **Date:** _____

Permissions and Releases:

By signing below, the participant (and parent/guardian if the participant is a minor) acknowledges that _____ has permission to travel with Cornerstone Church or attend all student activities from September 20, 2016 through September 30, 2017.

_____parent/guardian initials

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

_____parent/guardian initials

This consent form gives permission to seek medical attention as deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. In the event that he/she is injured and requires the attention of a medical provider, I/we consent to any reasonable medical treatment as deemed necessary by a licensed provider. In such an event where treatment is required, from a provider and/or hospital personnel designated by the Church, I/we agree to hold such person(s) free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

_____parent/guardian initials

I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member

_____parent/guardian initials

I/We also give permission to Student Ministries to photograph and/or video tape my child for the promotional purposes of Student Ministries and/or Cornerstone Church.

_____parent/guardian initials

This section must be completed and notarized before submission:

By signing below, I am agreeing that the information provided above is correct and true to the best of my knowledge.

Name (Print) _____ Name (Signature) _____ Date: _____

STATE OF ALASKA

COUNTY OF _____

On this _____ day of _____, 20 _____, before me personally appeared _____, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person (or person's) free act and deed.

Please place notary seal below:

Notary Public Signature

Printed Name

Commission Expires