CENTRAL AVENUE CHRISTIAN REFORMED CHURCH

259 Central Ave
Holland, MI 49423

Liability and Risk Waiver/Youth Permission Slip/Medical Information Form

For overnight activities, traveling in church van/vehicle; high adventure activities, and field trips

September 2014 through August-2015

Minor's name: _____ Date of birth:_____ Sex (M/F): _____

Allergies *(food, drugs, insects, etc)*: _____

Medications *(name, dosage, reason)*: _____

Other information *(injuries, etc.)*: _____

Insurance Carrier*: _____ Group or ID#:_____

Child's doctor: _____ Phone #:

Home phone #: _____ Work #:_____ Cell #:_____
(parent/legal guardian)

Emergency contact : _____ Phone #:_____
(in case parent/legal guardian cannot be reached)

I, _____, the undersigned, give my permission for my minor child to take part in off-premises events which will require transportation and supervision by Central Avenue CRC employees and volunteers.

- I understand that before each event, I will receive written information regarding that event.
- I agree to allow my child to participate in all of these events unless I inform the event leader to the contrary in writing. If special instructions or restrictions apply to my child's participation in any event, I will provide that information to the event leader in writing prior to the event.
- I agree and understand that transportation may be provided in such form and at the discretion of Central Avenue CRC.
- I also authorize Central Avenue CRC and its employees or chaperones to secure any and all necessary medical services at an accredited hospital and/or physician for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.
- I, the undersigned parent or legal guardian and child do hereby release Central Avenue CRC, its employees and chaperones of all liability and claims of whatever kind or nature (including, but not limited to, injuries and death) arising out of or resulting from the participation of my child in these activities.
- I understand these requirements and comply.

_____ _____
Parent/ Legal Guardian Signature **Date**