

2018 PARENTAL CONSENT/MEDICAL INFORMATION FORM

CHILD INFORMATION

Child's Name				
Birthday (MONTH / DAY / YEAR) / /	Grade	Age	Female	Male
Home Address				
City / State / Zip		Home / Cell Phone		
Parent / Guardian		Work / Cell Phone		
Parent / Guardian		Work / Cell Phone		

SOUTH SIDE BAPTIST TABERNACLE RELEASE/WAIVER FOR CHRISTIAN SOCCER CAMPS 2018

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all **South Side Baptist Tabernacle Christian Soccer Camps 2018** activities. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor attending **South Side Baptist Tabernacle Christian Soccer Camps 2018**, or their participation in any of its programs, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I accept the South Side Baptist Tabernacle facilities as being safe and reasonably suited for the purposes intended and (iii) I voluntarily sign this document.
2. Release South Side Baptist Tabernacle, it's directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near the South Side Baptist Tabernacle facilities.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the South Side Baptist Tabernacle facilities; whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I do hereby authorize South Side Baptist Tabernacle as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any physician and surgeon licensed on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand South Side Baptist Tabernacle is not responsible for costs incurred for medical care.

CHILD RELEASE AUTHORIZATION / EMERGENCY CONTACTS

Persons **AUTHORIZED** to Pick Up Child from Facility:

Name	Relationship	Home / Work / Cell Phone
1. _____		
2. _____		
3. _____		

Child in Custody of: Both Parents Mother Father Guardian
 Other _____

Child lives with: Both Parents Mother Father Guardian
 Other _____

Persons **UNAUTHORIZED** to Pick Up Child:

1. _____

2. _____

HEALTH INFORMATION

Name of Health Insurance Company
Policy Number
Family Doctor Name
Phone Number

HEALTH HISTORY

List any allergies to food, medications, insects, plants, etc.:

List any restrictions on physical activity and why:

List any medications to be taken here at **SOUTH SIDE BAPTIST TABERNACLE SOCCER CAMPS 2018**:

I intend this document to be as broad and inclusive as is permitted by the laws of the State of Michigan; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/Guardian Signature

Date

PHOTOGRAPHIC WAIVER/CONSENT

I, _____ give my permission to South Side Baptist Tabernacle to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, _____, in South Side Baptist Tabernacle's general publicity and campaign materials.

Parent/Guardian Signature

Date