

MIRA LOMA CHURCH OF CHRIST – SUMMER BIBLE SCHOOL – 2010
REGISTRATION AND ACTIVITY CONSENT FORM BY PARENT OR LEGAL GUARDIAN

Bible Boot Camp

Basic Training

Report for Duty

July 14 – 16, 2010

6:00pm—8:00pm

PARTICIPANT INFORMATION:

Name: _____ Birth Date: _____

Address: _____ Age: _____

City, State, Zip: _____ Grade: _____

Main Telephone: _____ Alternate Telephone: _____

Has my permission to participate in the MIRA LOMA CHURCH OF CHRIST SUMMER BIBLE SCHOOL – 2010

on the following dates: July 14, 2010 July 15, 2010 July 16, 2010 All Dates

Without Restrictions

Special considerations or restrictions: _____

Allergies and/or Medications: _____

I authorize the following adults to pick up my child from this activity in my absence:

EMERGENCY CONTACTS:

Name / Relationship: _____ / _____ Phone #: _____

Name / Relationship: _____ / _____ Phone #: _____

Health Insurance Provider: _____ Policy #: _____

Physician: _____ Phone #: _____

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Mira Loma Church of Christ, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

MEDICAL TREATMENT RELEASE

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

PARENT/GUARDIAN PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____