



OFFICIAL USE ONLY
Last Name Initial

Date: _____

ANNUAL GATHERING YOUTH/CHILD HEALTH INFORMATION & RELEASE FORM

CHILD/YOUTH INFORMATION:
 Name: _____
 Date of Birth: _____ Male Female
 Grade: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Home Phone: (____) _____ - _____
 Cell Phone: (____) _____ - _____
 E-mail: _____

CHILD/YOUTH INFORMATION:
 Name: _____
 Date of Birth: _____ Male Female
 Grade: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Home Phone: (____) _____ - _____
 Cell Phone: (____) _____ - _____
 E-mail: _____

PARENT INFORMATION:
 Father's Name: _____ Father's e-mail: _____
 Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____
 Mother's Name: _____ Mother's email: _____
 Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____
 Youth/child lives with: Both Parents Mother only Father only Shared custody Other: _____

EMERGENCY MEDICAL INFORMATION:
 Alternate Emergency Contact: _____ Relationship: _____
 Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____
 Medical Insurance Company: _____ Policy #: _____ Phone: (____) _____ - _____
 Family Physician: _____ Phone: (____) _____ - _____
 Please list any medical issues, allergies, physical/mental disabilities and/or dietary restrictions:

 Please list any medication your youth may need while he/she is at under the supervision of CCCC Annual Gathering Child/Youth Program Staff:

 Any other information you feel the leaders should know in advance about your youth:



PLEASE
INITIAL
BELOW

ANNUAL GATHERING WAIVER AND RELEASE FROM LIABILITY

_____ I acknowledge that my child's participation in the Child/Youth Program of the Conservative Congregational Christian Conference (CCCC) Annual Gathering is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I acknowledge that my child's participation in any activities presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Child/Youth Program of the CCCC Annual Gathering activities, I agree to the following:

_____ The CCCC is not responsible for the loss or theft of person belongings.

_____ Misconduct may result in transportation home from any activity at parents' expense. A child dismissed for a disciplinary reason will **not** receive a refund of the activity fee.

_____ I understand and authorize that my child's image may be photographed or filmed and used in CCCC video presentations, printed publications and website.

_____ I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I **waive, release and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in CCCC Annual Gathering Child/Youth activities, the following person, or entities: The CCCC, it's employees, volunteers, representatives, subcontractors and agents of any of the above: B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of The CCCC, CCCC staff or volunteers and: C) I **indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions.

_____ I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I **waive, release and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in CCCC Annual Gathering Child/Youth activities, the following person, or entities: The CCCC, it's employees, volunteers, representatives, subcontractors and agents of any of the above: B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of The CCCC, CCCC staff or volunteers and: C) I **indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions.

_____ I hereby assume the risks of my child participating in all CCCC Annual Gathering Child/Youth Programs.

_____ The undersigned _____ (*parent/guardian name*), the parent and natural guardian or legal guardian of _____ (*minor's name*) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

_____ I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to The CCCC representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

_____ I give my permission to the CCCC staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/Diphenhydramine or over the counter antacids as needed.

For your information, these are our rules of conduct expected from each student:

- | | | |
|---|--|--|
| <input type="checkbox"/> Respect one another, staff & adult leaders | <input type="checkbox"/> Respect property | <input type="checkbox"/> No alcohol, drugs, tobacco |
| <input type="checkbox"/> Respect and comply with event schedules | <input type="checkbox"/> No Pranks | <input type="checkbox"/> No lighters permitted |
| <input type="checkbox"/> Participation with the group is expected | <input type="checkbox"/> No offensive or immodest clothing | <input type="checkbox"/> No fighting, weapons, fireworks, explosives |

YOUTH
INITIAL(S)

_____ **Failure to comply with these expectations could result in your child(ren) being released from the supervision of CCCC Annual Gathering Child/Youth Program Staff.**

My child(ren) has permission to attend all Child/Youth Program activities. NOTE: If it is your desire to limit your child(ren)'s participation in any event, please submit your wishes in writing to the CCCC prior to that event.

I verify that all Health, Waiver and Release information is accurate and has been read and approved.

Parent/Guardian signature: _____ Date: _____

Youth Signature(s) _____ Date: _____

_____ Date: _____



ADDITIONAL CHILDREN

YOUTH/CHILD HEALTH INFORMATION & RELEASE FORM

THIRD CHILD

CHILD/YOUTH INFORMATION:	
Name: _____	
Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade: _____	
Address: _____	
City: _____	State: ____ Zip: _____
Home Phone: (____) _____	- _____
Cell Phone: (____) _____	- _____
E-mail: _____	

SIXTH CHILD

CHILD/YOUTH INFORMATION:	
Name: _____	
Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade: _____	
Address: _____	
City: _____	State: ____ Zip: _____
Home Phone: (____) _____	- _____
Cell Phone: (____) _____	- _____
E-mail: _____	

FOURTH CHILD

CHILD/YOUTH INFORMATION:	
Name: _____	
Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade: _____	
Address: _____	
City: _____	State: ____ Zip: _____
Home Phone: (____) _____	- _____
Cell Phone: (____) _____	- _____
E-mail: _____	

SEVENTH CHILD

CHILD/YOUTH INFORMATION:	
Name: _____	
Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade: _____	
Address: _____	
City: _____	State: ____ Zip: _____
Home Phone: (____) _____	- _____
Cell Phone: (____) _____	- _____
E-mail: _____	

FIFTH CHILD

CHILD/YOUTH INFORMATION:	
Name: _____	
Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade: _____	
Address: _____	
City: _____	State: ____ Zip: _____
Home Phone: (____) _____	- _____
Cell Phone: (____) _____	- _____
E-mail: _____	

EIGHTH CHILD

CHILD/YOUTH INFORMATION:	
Name: _____	
Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade: _____	
Address: _____	
City: _____	State: ____ Zip: _____
Home Phone: (____) _____	- _____
Cell Phone: (____) _____	- _____
E-mail: _____	