

Velocity Student Ministries Of Northwest Bible Church

Entire Year Participation Form

January 2010 - December 2010

I/We give consent for (print name of minor) _____ to attend any Student Ministries events being sponsored by Velocity of Northwest Bible Church. I/We also agree to forgo any money paid for a given event as refunds are only given in case of emergency cancellation (i.e. death in the family, illness).

I/We 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. In the event that he or she is injured while under the care of Velocity of Northwest Bible Church and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician. I/We further agree to hold the licensed physician, the medical facility, Velocity of Northwest Bible Church and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment. I/We understand the nature of the event and do hereby release the Velocity of Northwest Bible Church and its representatives from any liability due to accident or injury incurred by my child. I/We agree to cover all costs if our student needs to be sent home if they become ill or for disciplinary reasons.

Parent/Guardian Signature _____ Date _____

Student's Name _____ Gender: M F Birthdate: _____

Address _____ Grade: _____

City _____ State _____ Zip _____ School: _____

Phone _____ Cell _____ E-mail _____

Do Not Text

Mother's Name _____ Phone (h) _____ Phone (c) _____

Do Not Text

Father's Name _____ Phone (h) _____ Phone (c) _____

Do Not Text

Parent email address: _____ Phone (w) _____

Emergency Contact (other than parent) _____ Phone _____

Family Doctor/Name of Practice _____ Phone _____

Please list any known allergies: _____

Insurance Company _____ Insurance Co. Phone: _____

Group #: _____ Policy# _____

Please list any medications taken on a regular basis and what they're treating:

_____ for _____

_____ for _____

_____ for _____