

Victory Fellowship Youth Program

2011-2012 ANNUAL PASS PARTICIPATION FORM

Basic Information

STUDENT NAME _____ BIRTHDAY _____

ADDRESS _____ CITY/ST/ZIP _____

HOME PHONE _____ STUDENT'S CELL PHONE _____

EMAIL _____ AIM SCREENNAME _____

SCHOOL _____ GRADE in FALL 2011 _____

PARENT(S)/GUARDIAN NAME(S) _____

PARENT/GUARDIAN CELL/WK PHONE(S) Please specify which # is which: _____

EMERGENCY CONTACT NAME/PHONE _____

Parental Consent and Liability Release

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for my child, _____ ("Participant"), to attend and participate in Victory Fellowship's youth ministry activities during the period of JULY 1, 2011, to SEPTEMBER 1, 2012.

LIABILITY RELEASE: In consideration of Victory Fellowship allowing the Participant to participate in youth ministry activities, I the undersigned, do hereby forever release, discharge and agree to hold harmless, to the fullest extent permitted by law, Victory Fellowship, its directors, employees, board members, volunteers and agents (collectively herein the "Church") from any and all liability, claims, demands or causes of action, in law or in equity, arising from any conduct or activity sponsored by, associated with, or which occurs at or while traveling to or from Victory Fellowship or a Victory Fellowship-sponsored event. Such release includes, but is not limited to, claims, demands and causes of action pertaining to physical or emotional injury (including sickness or death), and damage or destruction to personal or real property. I, as the parent/legal guardian of the above-named Participant, hereby grant my permission for the Participant to participate fully in all activities sponsored by, associated with, or which occur at Victory Fellowship, and assume all risk on behalf of the Participant.

MEDICAL TREATMENT PERMISSION: I authorize an adult in whose care the Participant has been entrusted, to consent on my behalf, to emergency treatment of the Participant, including x-ray examinations, physical examinations, administering of anesthesia, medical, surgical and/or dental treatment and hospital care. I agree to be liable for all costs and expenses incurred in connection with such medical and/or dental services rendered to the Participant pursuant to this authorization, and further agree to defend, indemnify and hold harmless the Church and the adult in whose care the Participant has been entrusted, from and against any costs and expenses incurred in connection with such treatment.

EARLY RETURN HOME POLICY: Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by Victory Fellowship. My child and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

I REPRESENT THAT I AM THE PARENT AND/OR LEGAL GUARDIAN OF THE PARTICIPANT.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Health Insurance Co. _____ Policy Number _____

Allergies _____

Prescribed Medication (List name and frequency of use) _____