



of Northridge Community Church

Health / Release Form

to be completed annually by parent or guardian

PLEASE PRINT CLEARLY

Name of Student _____ Date of Birth _____

Address _____ Age ____ Birth ____ / ____ / ____

City _____ State ____ Zip _____ Height ____ Weight _____

Social Security Number _____ (**Confidential—only used in emergency**)

Emergency Contact Person:

Parent / Guardian Name(s): _____

Address _____ Phone (H): _____

City _____ State ____ Zip _____ (W): _____

Alternate Contact Person: (please use someone near the primary contact)

Parent / Guardian Name(s): _____

Address _____ Phone (H): _____

City _____ State ____ Zip _____ (W): _____

If you have medical insurance, your carrier will be billed for medical care in case of illness or injury while your child is at youth group and/or events.

Do you have health insurance? _____ Yes _____ No (A "no" will not affect participation)

Name of Insurance Company _____ Policy # _____

Primary Insured _____ Group # _____

Family Doctor _____ City _____ Phone _____

Name and dosage of any medications that must be taken:

Past or pre-existing medical conditions:

Any allergies? _____ to medications? _____

_____ Hay Fever _____ Heart Condition _____ Diabetes _____ Asthma

_____ Insect Stings _____ Freq. Stomach Upsets _____ Phys. Handicap _____ Other

If any checked, please describe _____

We plan all youth activities to be both safe & fun. While this is a structured & supervised environment, there is inherent risk in many of the activities offered (Ex.- Paintball, Tubing, Sledding, Capture the Flag, etc.). We want you to be aware of these risks & your financial responsibility in the unlikely event of personal injury. Your signature below states that you accept these risks & grant permission for your child to participate in Northridge Community's youth group travel & activities in 2016-2017. You are also promising to hold Northridge Community and all youth workers harmless, indemnify, and defend us for injury resulting from participation in all activities. Most importantly, you are granting permission for us to provide emergency care for your child in the unlikely event of injury.

PLEASE SIGN: _____

DATE: _____