

**The Road Church 2018 RELEASE & EMERGENCY CONTACT FORM**

2018

**PLEASE PRINT**

Student Name (First) \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

Email/or facebook? \_\_\_\_\_

Guardian Name \_\_\_\_\_ relation \_\_\_\_\_

Guardian Phone Number: \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Church the student usually attends \_\_\_\_\_

Emergency Name(1): \_\_\_\_\_ # \_\_\_\_\_

Emergency Name(2): \_\_\_\_\_ # \_\_\_\_\_

Birthdate of student \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School Grade \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Name on Insurance Policy \_\_\_\_\_

Family Doctor: \_\_\_\_\_ # \_\_\_\_\_

T Shirt size (for some retreats etc, Adult Sizes) S M L XL 2XL 3XL

Existing Medical Conditions/History/Current Medicines: \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Attach other pages as needed

**GUARDIAN SIGNATURE REQUIRED ON REVERSE SIDE (PG 2)**

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**(pg 2)**

As legal guardian of the student listed above I hereby give permission for he/she to participate in activities organized by The Road Church.

Covering: **ALL ACTIVITIES ORGANIZED BY THE ROAD CHURCH, ITS STAFF, TEACHERS, OR OTHERS UNDER THE DIRECTION OF THE ROAD CHURCH FOR THE CALENDAR YEAR OF 2018.**

I understand that, in the event that \_\_\_\_\_  
\_\_\_\_\_(**minor's name**) requires medical or dental treatment while engaged in the activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give my permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination, injections, anesthesia, medical, dental, or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I understand all reasonable safety precautions will be taken at all times by The Road Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk during the activities. I also agree not to hold The Road Church, its leaders, employees, volunteer staff, and agents liable for damages, losses, diseases, or injuries incurred during my student's participation in the activities and events.

I also understand that visual and audio recordings may be made of these activities, and can be used by The Road Church as needed for publicity, announcements, scrapbooks, etc.

**GUARDIAN:** I have read and understood this form.

Guardian's Name (printed): \_\_\_\_\_

\_\_\_\_\_  
(Parent or Guardian Signature) Date: \_\_\_\_\_ / \_\_\_\_\_ /2018  
*We will keep this information on file for all of 2018*