



Student's Name: \_\_\_\_\_ D. O. B. : \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parents/ Legal Guardians Names (with whom you live): \_\_\_\_\_

Health Insurance Company : \_\_\_\_\_ Policy # : \_\_\_\_\_

Known Allergies and Reactions (If none write N/A) : \_\_\_\_\_

Medications Currently Taking (If none write N/A) : \_\_\_\_\_

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I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in THIS, ANY & ALL 2017 HAVANA CHURCH OF CHRIST STUDENT MINISTRIES' PROGRAMS, EVENTS & TRIPS. The individual identified on this form understands that all participants are expected to abide by the Program rules and be directly responsible to the STUDENT MINISTRIES DIRECTOR. DIRECTOR assumes responsibility for discipline at all STUDENT MINISTRIES' PROGRAMS and, if necessary, may, because of misconduct or disobedience, require a student to leave.

**In such instance, I, the undersigned parent or guardian will assume full responsibility for returning the student home.**

Further, I do allow HAVANA CHURCH OF CHRIST to use photographs and video footage of the individual named above recorded at **ANY 2017 PROGRAM, EVENT or TRIP** for promotional purposes in print or online, including social media.

**IF YOU WOULD NOT LIKE YOUR CHILD PHOTOGRAPHED or VIDEO RECORDED PLEASE CHECK HERE:**

Further, I do release and hereby agree to hold blameless HAVANA CHURCH OF CHRIST, it's members, employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with STUDENT MINISTRIES or ANY CHURCH OF CHRIST PROGRAM, EVENT or TRIP. I also release the lesser of properties (venues) at which the PROGRAM, EVENT or TRIP is held. I agree to pay HAVANA CHURCH OF CHRIST, its members or lesser facilities the total cost of any damages caused by me or the student named above as determined by STUDENT MINISTRIES PROGRAM DIRECTOR.

Further, I do authorize the DIRECTOR, MINISTER or SPONSOR of this activity or any STUDENT MINISTRIES or CHURCH OF CHRIST staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while at a STUDENT MINISTRIES event. It is understood that I, the undersigned parent or guardian will assume any and all financial responsibilities for expenses that may be incurred for said treatment.

Further, I do certify that said child is covered by adequate accident insurance.  
My consent and signature is given below. I have read and agree to the information given in this entire form.

Student's Signature : \_\_\_\_\_ Parent / Guardian's Signature : \_\_\_\_\_

Printed Name of Parent/Legal Guardian : \_\_\_\_\_ Date : \_\_\_\_\_

Person(s) to notify if you cannot be reached:

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_ Phone : \_\_\_\_\_

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_ Phone : \_\_\_\_\_

