

**Registration and Medical Consent Form—Minor**  
**Christ Community Church • 1432 W. Puente Avenue, West Covina, CA 91790 • 626-960-4444**  
**Please use Black or Blue Ink**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Activity Name YOUTH MINISTRIES Year 6/1/20-8/31/2021 Phone \_\_\_\_\_

**Emergency Notification**

Parents \_\_\_\_\_ Alternate Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Physician/Provider \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Policy No. \_\_\_\_\_

**Health History**

- |   |   |  |  |              |
|---|---|--|--|--------------|
| <input type="checkbox"/> Drug Allergies         | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Other Allergies | Date of Last |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Cardiac          | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Other           | Tetanus Shot |
| <input type="checkbox"/> Hay Fever              | <input type="checkbox"/> Chronic Asthma   | <input type="checkbox"/> Mental Disability   | _____                                    | _____        |
| <input type="checkbox"/> Insect-Sting Allergies | <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Seizure Disorder    | _____                                    | _____        |

If you have checked any of the above, please give details \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

This health history is correct, so far as I know. I hereby give my permission to the physician, nurse, or dentist selected by Christ Community Church to secure medical or dental aid, including x-ray examination, anesthetic, surgical diagnosis, treatment or hospital care, as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. As a participant, I understand Christ Community Church is not obligated to carry any insurance to cover those medical and/or dental expenses. If such insurance is carried, coverage will be provided only for expenses in excess of the limits of the participant's insurance. I understand that my personal insurance is my primary coverage.

**Consent and Release from Liability**

I desire to participate in activities at Christ Community Church. In consideration of Christ Community Church providing these activities, I do hereby release Christ Community Church, its officers, employees, agents, and members of the Board of Elders from all claims and causes of action by reason of any injury which may be sustained as a result of these church activities, whether on the church premises or on the way to or from these activities.

It is further understood that we release the person presenting this form of all liabilities connected with the transportation, diagnosis, treatment, hospital care and expenses necessary for the treatment of my/our child.

This authorization shall remain effective until revoked in writing delivered to Christ Community Church.

**A photocopy of this authorization shall be considered as valid as the original.** \_\_\_\_\_

Initials

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

# PHOTO/VIDEO/WEBSITE RELEASE FORM

(please use black or blue ink)

Dear Parent/Guardian/Participant:

On occasion, representatives of Christ Community Church (the "Church") may photograph, videotape, and/or interview students in connection with the Church's programs or events. The entire community benefits from knowing about the Church's services and the programs offered by the Church to children and families.

In order to enable the Church to release any student photos, video footage, comments and/or interviews for publicity purposes and to post such items on the Church's Website, we need your written permission and consent. To give your permission and consent, please complete the form below.

I, \_\_\_\_\_, parent /guardian of \_\_\_\_\_ give permission for my child to be photographed, videotaped, and/or interviewed by representatives from Christ Community Church for the purpose of publicizing church programs. I hereby authorize the use and reproduction by Christ Community Church or their authorized agent of any and all photographs, videotapes or other recording of any kind taken of my child, without compensation to me/my child. All photographs/video tapes or other recording of any kind shall be the property, solely and completely, of the Church. I hereby waive any and all rights to inspect or approve the finished photographs, videotapes, and/or the sound track, script or printed material that may be used in connection with such photographs and/or videotapes.

The forgoing release and consent shall remain valid and in full force and effect until notice of its revocation shall be received by the Church.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

**OR**  I am 18 Years of age or older and I give my consent without reservation to the foregoing on my own behalf.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

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

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