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 6/1/2021-8/31/2022** **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

❑ Drug Allergies	❑ Diabetes	❑ Epilepsy	❑ Other Allergies	Date of Last
❑ Asthma	❑ Cardiac	❑ Physical Disability	❑ Other	Tetanus Shot
❑ Hay Fever	❑ Chronic Asthma	❑ Mental Disability	_____	_____
❑ Insect-Sting Allergies	❑ Nervous Disorder	❑ 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**_____

Revised 5/29/18