

DES MOINES GOSPEL CHAPEL KIDS & YOUTH RELEASE / CONSENT FORM (EVENTS ON SITE AND WITHIN 30 MILES)

PARENT INFO

Parent/Legal Guardian Name & Relationship: _____

Parent/Legal Guardian Name & Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____

Address: _____

May we contact you about kids/youth events: Yes No Preferred Method? Text Email Cell Home

CHILD / STUDENT INFO

<p>Name: _____ Birthdate: / /</p> <p>Age: _____ Grade: _____ School: _____</p> <p>Cell Phone: _____ Email: _____</p> <p>Address if different than above: _____</p> <p>_____</p> <p>Allergy / Medical Info: _____</p> <p>_____</p>	<p>Name: _____ Birthdate: / /</p> <p>Age: _____ Grade: _____ School: _____</p> <p>Cell Phone: _____ Email: _____</p> <p>Address if different than above: _____</p> <p>_____</p> <p>Allergy / Medical Info: _____</p> <p>_____</p>
<p>Name: _____ Birthdate: / /</p> <p>Age: _____ Grade: _____ School: _____</p> <p>Cell Phone: _____ Email: _____</p> <p>Address if different than above: _____</p> <p>_____</p> <p>Allergy / Medical Info: _____</p> <p>_____</p>	<p>Name: _____ Birthdate: / /</p> <p>Age: _____ Grade: _____ School: _____</p> <p>Cell Phone: _____ Email: _____</p> <p>Address if different than above: _____</p> <p>_____</p> <p>Allergy / Medical Info: _____</p> <p>_____</p>
<p>Name: _____ Birthdate: / /</p> <p>Age: _____ Grade: _____ School: _____</p> <p>Cell Phone: _____ Email: _____</p> <p>Address if different than above: _____</p> <p>_____</p> <p>Allergy / Medical Info: _____</p> <p>_____</p>	<p>Name: _____ Birthdate: / /</p> <p>Age: _____ Grade: _____ School: _____</p> <p>Cell Phone: _____ Email: _____</p> <p>Address if different than above: _____</p> <p>_____</p> <p>Allergy / Medical Info: _____</p> <p>_____</p>

PARENTAL AUTHORIZATION / CONSENT TO MEDICAL TREATMENT / RELEASE OF LIABILITY

1. _____
Print Name of Minor

4. _____
Print Name of Minor

2. _____
Print Name of Minor

5. _____
Print Name of Minor

3. _____
Print Name of Minor

6. _____
Print Name of Minor

In case of emergency, every effort will be made to contact a parent/legal guardian of the minor(s) named above.

Print Name of PARENT or LEGAL GUARDIAN - and relationship

Primary Contact Phone Number

Print Name of EMERGENCY CONTACT - and relationship

Primary Contact Phone Number

The above named PARENT/GUARDIAN of the MINOR has entrusted the MINOR into the care of the **DMGC YOUTH MINISTRY**, while the MINOR participates in an activity/event sponsored by **DMGC**.

I give my permission and consent for EACH CHILD named on this registration to participate in the DMGC Children's and Youth activities and assure that he/she is in good health and able to participate. While expecting the DMGC Children's and Youth Ministry Leaders to look after the welfare of my child, I hereby release them and Des Moines Gospel Chapel from liability for any injury or illness the he/she may sustain during a DMGC-sponsored activity or event. In the event of a medical emergency, where medical treatment is required, I understand that every effort will be made to contact me and my emergency contact. However, if I/we cannot be reached, I hereby give my permission and consent to Des Moines Gospel Chapel Children's and Youth Ministry Staff and Volunteers to obtain the services of a paramedic (ambulance) and/or a licensed physician in order to treat my child. I also indicate my willingness to take full financial responsibility for any and all medical services rendered for my child, including the billing of my insurance company. I release Des Moines Gospel Chapel, its employees and volunteers, and its charters, from financial liability. In the event of a significant behavior problem with my child(ren), a representative from DMGC will contact me to discuss and possibly arrange to pick him/her up from the activity/event.

As the parent/guardian, I have READ and AGREE to the terms and conditions stated above.

MEDICAL INSURANCE COMPANY: _____ POLICY #: _____

FAMILY PHYSICIAN: _____ PHONE: _____

PHOTO RELEASE

Photos and videos are periodically taken of those participating in DMGC's Children's and Youth programs and activities for publicity purposes, which include, but are not limited to, in-house presentations, bulletin boards, brochures and DMGC's Facebook page and website. Children's names or information are never used without specific permission.

May we photograph your child(ren) for these purposes? Yes No

PARENT/GUARDIAN SIGNATURE

DATE