



2010/2011 ANNUAL RELEASE FORM

Annual Permission / Medical, Liability & Photograph Release Form

Valid from September 1, 2010 through August 31, 2011

This form must be completed and returned to a CTK staff member before ANY student may participate in an event / activity.

STUDENT:

Name _____ Gender (M/F) _____

Birth Date ____ / ____ / ____ Email _____ @ _____

Address _____

City _____ State _____ Zip _____

Student lives with: Parents live together ____ Dad ____ Mom ____ Shared Custody ____ Other ____

School _____ Grade _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

PARENT/GUARDIAN:

Name _____ Cell Phone (____) _____ - _____

Birth Date ____ / ____ / ____ Email _____ @ _____

Name _____ Cell Phone (____) _____ - _____

Birth Date ____ / ____ / ____ Email _____ @ _____

MEDICAL INFORMATION:

Medical information (allergies, medications, etc.) _____

Date of last tetanus shot _____

This child is covered for accident and medical insurance benefits by:

Insurance Company _____

Policy and group numbers _____

Physician _____ Phone _____

If needed, do you authorize giving pain medicine (e.g. Tylenol or Advil) to your student? YES ____ NO ____

EMERGENCY CONTACT INFO:

Name _____

Relationship to Student _____ Phone (____) _____ - _____

ALL items must be initialed and bottom must be signed in order to attend any Student Ministry event.

_____ PERMISSION TO ATTENDED

I hereby give permission for the above student, to attend and participate in Christ the King's Student Ministry activities, off-site events, camps/retreats and mission trips from September 1, 2010 to August 31, 2011. This includes, but is not limited to:

- FLIPSIDE & DOXA
- Camps
- Service Projects
- Small Groups
- Retreats
- Mission Trips
- Student Leader Meetings
- Concerts
- Other Student Ministries Events & Activities

_____ MEDICAL & LIABILITY RELEASE

The above student has my permission, as parent/guardian, to attend all Christ the King Student Ministry activities, off-site events, camps/retreats and missions trips from September 1, 2010 through August 31, 2011.

I agree that Christ the King and/or its leaders are not liable for any accident or incident related to either the planned event or transportation to or from that event. Nor are they liable for any injuries sustained or any lost, stolen, or damaged articles.

I also agree that the above student will be responsible to Christ the King and its leaders for all of his/her actions on this event.

I authorize Christ the King Community Church and any adult leader to obtain the services of a physician and/or hospital for the care of the above student, if necessary, including emergency medical care, emergency x-rays, and/or emergency surgery.

Should the need arise, I also authorize Christ the King and its leaders to incur any necessary expenses for such services in the event of accident or illness, and I agree to provide payment for these expenses.

_____ EARLY RETURN HOME POLICY

I understand that should it be necessary for the above student to return home due to medical reason(s), disciplinary action, or otherwise, I shall assume all transportation costs and responsibility.

_____ TRANSPORTATION PERMISSION

I give permission for the above student to ride in any vehicle driven by an approved adult chaperone/leader while attending and participating in activities sponsored by the Christ the King. The above student and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES, with no exception, during transportation.

_____ PHOTOGRAPH RELEASE

I acknowledge that the above students name and/or picture may be used in various media forms including but not limited to: ctkbellingham.com, the CTK mid-week connection, doxamovement.com, ctkflipside.com, displays, fliers, video's, mailers, etc. CTK makes every effort to receive permission to print personal contact information before printing publicly (i.e. phone number, address, etc.). I understand that in no event shall Christ the King Community Church be liable for any direct, indirect, special, punitive, incidental, exemplary, or consequential damages that may result from this information being published with my permission.

STUDENT & PARENT/GUARDIAN SIGNATURES

My signature on this Release Form is an acknowledgement that I have read and understand ALL of these guidelines. I recognize that this is a permission slip, medical & liability release, transportation release and photograph release that stands from September 1, 2010 to August 31, 2011.

I commit to abide by the provisions of this Release Form and submit to Christ the King's Student Ministries.

Parent/Guardian Signature _____ Date ___/___/___

Parent/Guardian Signature _____ Date ___/___/___

Student/Participant Signature _____ Date ___/___/___