

2011 Abundant Life Assembly of God Youth Ministries Release Form

Student's Name: _____ Sex: M F

Street Address: _____

City: _____ Zip: _____ Birth Date ____/____/____

Home Phone: _____ Cell/Alternate Phone #: _____

Email: _____

School: _____ Grade: _____

Parents'/Guardian's Name(s): _____

Child lives with: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Release of Liability

In case of any accident or illness during any Abundant Life AG activities or during transportation to or from one of these activities, I agree to release all employees and volunteers of ALAG from all liability.

Permission to Participate in Abundant Life Programs

_____ (Print child's name) has my permission to participate in ALAG Student Ministries programs and related activities from ____/____/____ (today's date) to Jan 1, 2012.

Medical Release/ Permission for Treatment

I, the undersigned parent/guardian of _____, (print child's name) a minor, do hereby authorize all volunteers & employees of the Abundant Life Assembly of God as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical &/or surgical diagnosis of treatment & hospital care which is deemed advisable by, & is to be rendered under the general or special supervision of any physician &/or surgeon licensed under the provision of the Medicine Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or surgeon or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required & is given to provide authority & power on the part of our aforesaid agent(s) to give specific consent for any & all such diagnosis, treatment, or hospital care which the aforementioned physician or surgeon, in the exercise of his/her best judgment, may deem advisable.

_____/_____/_____
(Signature of Parent or Legal Guardian) (Date)

Continued on back

Note: *All of the above releases will remain in effect until Jan 1, 2012 unless revoked sooner in writing to Abundant Life Assembly of God 10100 N Stelling Rd Cupertino, CA 95014*

Abundant Life Assembly of God Youth Ministries Release Form (con't)

Medical Information

Participant's Name: _____ Sex: M F Birth Date ___/___/___

Address: _____ City: _____ Zip: _____

Parent/Guardian Phone #s Day: _____ Evening: _____

Health Insurance Company: _____ ID# _____

Family Doctor or Clinic: _____ Phone: _____

List any Allergies: _____

Date of last Tetanus (DPT): _____

List all restrictions or special attention needed, medicine that must be administered, etc.:

Alternative emergency contacts (not living with family - when parent cannot be reached):

1) Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

2) Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

I give you permission to use my child's photographs which have been taken on events and services for brochures, slide shows and the church website.

(Signature of Parent or Legal Guardian)

I DO NOT give permission to use my child's photographs which have been taken on events and services for brochures, slide shows and the church website.