



## N CC Jr. High ADULT Participant Medical and Liability Release Form

Adult Participants Name (Please print clearly): \_\_\_\_\_

AGE \_\_\_\_\_ Birth Date: \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

### HEALTH HISTORY

Allergies: \_\_\_ Insect stings \_\_\_ Drugs (type \_\_\_\_\_) Other: \_\_\_\_\_

Other Conditions: \_\_\_ Heart Condition \_\_\_ Frequent Colds \_\_\_ Chronic Asthma \_\_\_ Diabetes \_\_\_

Hay Fever \_\_\_ Frequent Stomach Upsets \_\_\_ Epilepsy \_\_\_ Physical Handicap \_\_\_ Other: \_\_\_\_\_

If you checked any of the above, please give details, (i.e. include normal treatment of allergic reactions)

\_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

Any swimming restrictions: \_\_\_ Yes \_\_\_ No Any activity restrictions: \_\_\_ Yes \_\_\_ No

What restrictions? \_\_\_\_\_

**Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while you are on a church related activity.**

Do you have health insurance? \_\_\_ Yes \_\_\_ No (If you DO NOT have health insurance please fill out the additional medical insurance waiver on the bottom of this form).

Insurance Company's Name and Address \_\_\_\_\_

Policy Number \_\_\_\_\_

*"In the event that my **emergency contact person** cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order and injection, anesthesia, or surgery for myself.*

### Liability Release

*Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the participating person agrees to assume and accept all risks and hazards inherent in church related activities. They also agree not to hold this church or its employees or volunteer staff liable for damages, losses, or injuries to the person or property undersigned. The participant understands that they are signing both a medical and liability release form.*

Adult Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

**Valid from: June 1, 2011 - Through: June 1, 2013**

## Medical Insurance Waiver (Only for those w/o insurance) Valid from: June 1, 2010 - through June 1, 2012

\_\_\_\_\_ has no medical insurance. I/we, \_\_\_\_\_ accept full responsibility for any

*Leader's Name*

medical expenses incurred as a result of an accident or injury that occurs during a North Coast Church sponsored youth activity.

Signature \_\_\_\_\_

Date \_\_\_\_\_