



## Registration and Medical Release

-Must be renewed Annually-

\_\_\_\_/\_\_\_\_/2019

Student's Name:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

[ ] I approve for my child to drive their vehicle to and from the off-site youth event

I give permission for, \_\_\_\_\_, to be treated by a licensed physician if medical treatment is deemed necessary. In case of surgical emergency, I also give my consent to medical procedures diagnosed and prescribed by the attending physician. By affixing my signature below, I do hereby agree to hold harmless City Point Church and all agents and representatives thereof from all claims of losses, injuries, damages, and/or death that may result in me/my child participating in the programs of City Point Church. I further agree to waive any rights of legal action against the said releases.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_