

Effective Dates: September _____ - August _____

Name: _____ Age _____ DOB ____/____/____

Grade _____ Gender M / F Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____

Emergency Contact Information:

Mother's Name _____ Home# _____ Cell# _____

Email _____ Lives at student's address above? YES / NO

Father's Name _____ Home # _____ Cell# _____

Email _____ Lives at student's address above? YES / NO

First names of siblings _____

Medical Information

Medical Insurance Company _____ Policy# _____

Primary Physician _____ Phone # _____

Please check all that apply to this student:

- Diabetes
- Asthma
- Heart Problems
- Kidney Problems
- ADD/ADHD
- Tuberculosis
- Fainting
- Tubes in Ears
- Severe Reaction to Food or Bee Stings
- Epilepsy/Seizures

Please use this box to give additional details, including medications currently taking OR if your student's condition is not listed.

Does this student have allergies? YES / NO

If YES, please explain.

Date of last Tetanus shot: _____ (dd/mm/yyyy)

Restrictions: Any restrictions of activity due to disability or medical reason (including recent illnesses)? YES / NO

If yes, please explain.

Swimming: Which one would you say you are? (Circle One) **Good Swimmer** **Fair Swimmer** **Non-Swimmer**

I give permission for photos of myself (or minor child) to be taken or used for church related advertisement purposes, in video and/or print. (Circle One) YES / NO

Comments _____

Rules and Regulations of Rock Solid Youth Group

I have read and understand completely the Rules and Regulations of Rock Solid Youth Group and that they must be enforced for the safety and well-being of all who attend. I also understand that my failure to do my part in following the Rules and Regulations of Rock Solid Youth Group may result in me being sent home at my parent's expense.

Student Signature _____ Date _____

I have read and understand completely the Rules and Regulations of Rock Solid Youth Group and that they must be enforced for the safety and well-being of all who attend. I also understand that my child's failure to do his/her part in following the Rules and Regulations of Rock Solid Youth Group may result in them being sent home at my expense.

Student Signature _____ Date _____

Liability Release

The information on this form is correct and true to the best of my knowledge and the student/person above, has my permission to participate in all Rock Solid Youth Group activities from September ____ - August _____. I understand that all activities are completely voluntary and recognize the inherent risk of injury in activities that include but are not limited to, ball sports, water sports, snow sports, camping and other outdoor activities such as hiking, Frisbee, etc., games at both off and on the Ranch Chapel premises. By signing this form, I give full consent for Rock Solid Youth Group staff/volunteers to seek emergency treatment or first aid for I (or my child) deemed necessary in the event of illness or injury, and listed emergency contact is unable to be immediately reached. I voluntarily waive any liability claim against Rock Solid Youth Group and its staff/volunteers for damages, attorney fees, or expenses arising out of, or in connection with, any activities of the above group. I understand transportation to and from Ranch Chapel (and any liability thereof) is the responsibility of myself or my minor child, and not of Ranch Chapel, Rock Solid Youth Group. However, I grant permission to Ranch Chapel, Rock Solid Youth Group to transport if necessary.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Ranch Chapel – 5060 SW Clubhouse Road, Crooked River Ranch, Oregon 97760 – 541.923.8081