

**Arbuckle Community Church
Family Ministries
Permission/Registration Form
Year _____**

Event: _____ Gender: _____
Student's Name _____ Birthdate: _____
(Last, First)
Address _____ Grade: _____
City _____ State _____ Zip _____
Phone _____ Cell _____

Roommate preference (if applicable): _____
Mother's Name _____ Phone (h) _____ (w) _____
Father's Name _____ Phone (h) _____ (w) _____
Emergency Contact (other than parent) _____ Phone _____

_____ has my permission to attend the following activity
Name of Student _____

_____ sponsored by ACC on _____
Name of Activity _____ Dates _____

Insurance Co. _____	Policy # _____
Group #: _____	Insurance Co. Phone # _____
Physician _____	Office Phone _____
Please list any known allergies: _____	
Please list any medications taken on a regular basis and what they're treating:	
_____ for _____	Everything in gray box is required information!
_____ for _____	
_____ for _____	

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a family ministries staff member.

Parent/guardian signature: _____ Date _____