

Bayside Folsom 45 Mid-Week Ice Skating in Historic Folsom, December 12, 2018

Child's Information		
Child's First Name	Child's Last Name	Home Phone:
Gender (M or F)	Date of Birth:	Grade:
Address		
City, State and Zip		
Parent Information		
Parent's First Name:	Parent's Last Name:	
Full Address (if different than above):		
Home Phone	Alternate Phone	E-mail Address:
Emergency Medical Information		
Alternate Contact First Name	Alternate Contact Last Name	
Home Phone	Work Phone	Cell Phone
Child's Physician	Physician's Address/Phone #	
Medical Insurance Provider	Medical Insurance #	
Special Circumstances/physical limitations (health, food allergies)		

Is your child currently taking any medications? Yes No If yes, please explain:

Is your child currently under a physician's care? Yes No If yes, please explain:

Medical Release (In case emergency medical treatment is necessary)

I, the undersigned parent or guardian of the child named on this form, a minor, have legal authority, and do hereby authorize and consent to any X-ray examination, medical or surgical diagnosis, treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of Medical Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health Services.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. The undersigned also assumes the primary responsibility for any costs connected with such treatment.

This release form is completed and signed of my own free will with purpose of granting my child listed above permission to participate in the 45 Program, authorizing medical treatment under any emergency circumstances in my absence.

Parent/Guardian Signature	Date:
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Permission Statement

MODEL RELEASE: For promotional purposes, videos and photographs are taken at 45 events. Your registration constitutes permission for Bayside Church to use your picture in promotional materials.

LIABILITY RELEASE:
I understand that the 45 program is conducted by Bayside Covenant Church through its employees, volunteers, participants and others acting on Bayside's behalf, all of whom are referred to together as "Bayside" in this liability release. In consideration for the services provided through the 45 Program, I hereby agree to release and discharge all of the parties referred to as Bayside above as follows:

I voluntarily choose to allow my child to participate regardless of the risks in participating in the 45 Program. I understand and acknowledge that the 45 Program includes activities with a risk of injury or death. I expressly agree to accept and assume all risks arising from, or relating to, my child's participation in the 45 Program, including the risk of acts or omissions by Bayside constituting ordinary or gross negligence. I assume these risks both on my own behalf as parent or legal guardian of the child I am registering and on the behalf of my child's own rights.

I acknowledge that this agreement extends not only to any rights I may have as the parent of my child, but to my child's own rights as well. This release form is completed and signed of my own free will with the purpose of granting my child listed above permission to participate in the 45 Program. I have had a sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Parent/Guardian Name (printed)

Parent/Guardian Signature	Date:
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