

MEDICAL AND LIABILITY RELEASE FORM
Hope Community Church – Youth Camp
2114 W. Grant Road, PMB 87, Tucson, AZ 85745
520-400-1483
info@hopetucson.com

Name of Student(s) _____

Street Address _____ City/Zip _____

Home # (_____) _____ Parent/s work (_____) _____ Cell #'s _____

Birth date _____ School _____ Grade _____

Medical Insurance Company _____ Group or Policy Number _____

In Emergency, notify _____ Phone # _____

Any Swimming Restrictions: _____ Yes _____ No Any Activity Restrictions: _____ Yes _____ No

What restrictions? _____

Anything else we need to know about your son/daughter (allergies, epilepsy, heart condition, fainting spells, etc....)

Last Tetanus Shot _____ E-Mail Address _____

Student Behavior

Our ministry seeks to create an environment of fellowship, activities, and programs that will, while working alongside families, train and educate students toward maturity in Christ. A component of this environment includes certain behavior and cooperation standards that the students are expected to follow. These standards include:

- Following the direction of the staff leadership.
- Showing respect and cooperation.
- Respecting the rights and property of others.
- Abstaining from the use of drugs, alcohol, and tobacco during any church sponsored activity.
- Abstaining from any other activity deemed inappropriate for a church sponsored activity (i.e. public displays of affection and language).

When students choose not to abide by these standards, we will discuss with the student the need to cooperate. Disciplinary responses may be given such as loss of free time and/or separation from the main group. In more serious cases, the parent may be asked to pick up their son/daughter from the activity. In all cases, the discipline will be administered in love and for the benefit of that individual student and for the entire group.

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 parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor had been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. This authorization shall remain effective until terminated in writing and delivered to an adult sponsor of Hope Community Church.

Parent/Guardian Signature _____ Date _____ Circle one: Mother/Father/Legal Guardian