

Calvary Chapel Chino Hills Youth Ministries Ongoing Waiver and Medical Consent Form

I/We, Parent/Guardian of _____ understand and acknowledge that by consenting to allow my child to participate in youth functions, I shall by law, be deemed to have given up all claims against Calvary Chapel Chino Hills Inc. and each of its overseers, for any injury, accident, illness, or death occurring or by reason of the outing. I agree to release Calvary Chapel Chino Hills of any responsibility for damage to or loss of my child's property occurring during or by reason of the outing.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon deemed necessary for the safety and welfare of my child. It is understood that the resulting expense will be the responsibility of the parent(s), or guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)

Tour/Event/Mission Travel Disclaimer

Since and while you are participating, and or applying to be on a Christian tour, event and/or outreach, you are hereby agreeing and acknowledging that it is the sole and exclusive right of the Organizer(s) to determine whether participants will be able to conduct themselves in a proper fashion and within the proper context tour/event/mission. The integrity of the tour/event/mission and your involvement and continuation in it is at the discretion of the Organizer(s). Therefore, the organizer reserves the right to refuse the application of anyone it considers to be incompatible with these goals of the Organizer of the tour/event/mission. By submitting your application to be on the tour/event/mission, you are therefore consenting to this right and authority being vested with the Organizer(s) and also hereby consent to abide by the direction of the Organizer(s) in the operating and directing the tour/event/mission during the full duration of the tour/event/mission, and including, if deemed necessary, you therefore grant authority to the organizer(s) the right to terminate your involvement in tour/event/mission. Should termination take place, the organizer(s) will not be held responsible to reimburse you for any costs resulting from your dismissal.

The following must be filled out COMPLETELY and signed.
No Youth shall be permitted on any activity without this form on file.
Please print clearly. Use blue or black ink.

Youth's Name: _____ Phone: _____

Address: _____ City: _____

Birth Date: ____ / ____ / ____ Youth lives with (circle one): Birth Father/ Birth Mother/ Both/ Neither

Father: _____ Cell: _____

Mother: _____ Cell: _____

Insurance: _____ Policy Number: _____

Family Physician: _____ Doctor's Phone #: _____

Last Tetanus: ____ / ____ Allergies? _____
Mo. Yr.

Pertinent Information or Special Medications: _____

Other numbers in case of emergency:

Name	Relation	Phone Number
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Name	Relation	Phone Number
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Parent/Guardian's Signature _____ Date _____

STRONG FOUNDATION

TEN COMMANDMENTS FOR YOUTH ACTIVITIES

- 1) Obey & respect those in authority.
- 2) Do Not bring weapons (knives), alcohol, drugs (medication without permission), fireworks, & matches.
- 3) Do not display inappropriate affection.
- 4) Never be alone with the opposite sex: always be in groups of three or more.
- 5) Always get permission before leaving the group.
- 6) Clean up any mess you make.
- 7) Do not use foul language: including off-color jokes.
- 8) Wear appropriate clothing & modest swimwear.
- T-shirts will be provided for those deemed necessary.
- 9) Do not steal or remove other people's things.
- 10) Christian music only allowed on out trips.

I understand and will comply with the following rules. I also understand that I will be held responsible for my actions and the consequences that come with it.

Youth Signature

Date

Appropriate consequences will result. In some situations parents may be called and will be asked to pick up their child from whatever the group act is at.

Parent/Guardian Signature

Date