

STUDENT AND GUARDIAN CONTACT INFORMATION

STUDENT NAME:

ADDRESS:

CITY/STATE:

BIRTHDAY:..... GRADE:

PARENT/GUARDIAN NAME(S):

PARENT/GUARDIAN PHONE:

EMERGENCY CONTACT INFORMATION AND AUTHORIZATION FOR MEDICAL TREATMENT

EMERGENCY CONTACT NAME/RELATIONSHIP:

EMERGENCY CONTACT PHONE NUMBER:

I,, AM THE [] FATHER [] MOTHER []
LEGAL GUARDIAN OF, OF WHOM I HAVE
FULL CUSTODY AND CONTROL, CONSENT TO NECESSARY MEDICAL AND/OR DENTAL
TREATMENT, INCLUDING THE DECISION FOR HOSPITALIZATION, AND IF NECESSARY, SURGERY.
I HEREBY AUTHORIZE NEW LIFE CHURCH OF THE NAZARENE, AND ITS AGENTS, TO SECURE
THE NECESSARY MEDICAL OR DETAL TREATMENT FOR SAID MINOR.

PARENT/GUARDIAN SIGNATURE:..... DATE:

INSURANCE COMPANY:..... POLICY NUMBER:

RELEASE OF ALL CLAIMS

IN CONSIDERATION OF PERMISSION GRANTED TO CHILD BY NEW LIFE CHURCH OF THE NAZARENE, ITS AGENTS, EXECUTORS, ADMINISTRATORS, OR ASSIGNED EMPLOYEES FROM ANY GRIEVANCE I MAY HAVE, OR CLAIN TO HAVE AGAINST NEW LIFE CHURCH OF THE NAZARENE, ITS SUCCESSORS OR AGENTS, FOR ALL PERSONAL INJURIES KNOWN OR UNKNOWN, AND INJURIES TO PROPERTY, CAUSED BY OR ARISING OUT OF THE ABOVE DESCRIBED EVENT (WINTER RETREAT 2019), TO BE HELD AT HIGH HILL CHRISTIAN CAMP & RETREAT CENTER.

I, THE UNDERSIGNED, HAVE READ THIS RELEASE AND UNDERSTAND ITS TERMS, I EXECUTE VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. I HAVE EXECUTED THIS RELEASE AS A PARENT OR GUARDIAN OF THE CHILD STATED BELOW.

PARENT/GUARDIAN SIGNATURE:..... DATE:

STUDENT NAME:..... DATE:

SIGNED AND SWORN ON: BY:

STATE OF:..... COUNTY OF: