For Year: 2011-2012

Please print in ink

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

❑ Male ❑ Female Email :_____

Phone _____ Pager / cell _____

Medical insurance company _____ Policy #_____

Mother's name _____ Phone: Home_____ Work _____

Father's name _____ Phone: Home_____ Work _____

Emergency contact _____ Phone: Home_____ Work _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Permission Slip

For your information, we expect each student to conform to these rules of conduct

No possession or use of alcohol, drugs, or tobacco
No students can drive
No fighting, weapons, fireworks, lighters, or explosives
No offensive or immodest clothing
No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
Participation with the group is expected
Respect property
Respect one another, staff, and adult leaders
Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.
I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

_____ has my permission to attend all youth activities
NAME OF STUDENT
sponsored by Lakeside Community Church(hereinafter the "Church").

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 the undersigned 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 the student ministries staff member.

Parent/guardian signature: _____ Date: _____