

North Terrace Church of Christ
Medical / Liability Release Form
Fall 2011 - Summer 2012

Student's Name: _____ Gender: _____
Address: _____ City: _____
State: _____ Zip: _____ Home Phone: (____) _____
Age: _____ Grade: _____ Year of Graduation: _____
School Attending: _____

Name(s) of Parent(s) / Legal Guardian(s) with whom student lives:

Health Insurance Information

Insurance Company: _____ Policy #: _____
Group #: _____ Phone: (____) _____
Policy Address: _____

List any known allergies, disabilities, and medications that the student takes:

I, the parent or legal guardian of the student named above, certify that he/she has my permission to participate in any/all activities and/or programs of North Terrace Church of Christ for Fall 2011-Summer 2012. The student understands that he/she is expected to follow any/all rules and regulations and to be responsible to the staff of NTCoc, and if necessary, may, because of misconduct or disobedience, be required to leave any/all programs. In such an instance, I will resume full responsibility for returning my student home in a timely manner.

Further, I do release and agree to hold blameless NTCoc, its employees, and staff from any/all claims arising or which may be asserted by me or by any member of my family by reason of participation in any activity associated with NTCoc. Further, I give NTCoc permission to use photos and video taken at any event for promotional materials.

Further, I do certify that said student is covered by adequate accidental insurance. I give my consent for my child to be treated in case of emergency and authorize medical treatment, including but not limited to, emergency surgery or medical treatment. I assume all responsibility for medical bills and payment, if any.

My consent and signature is given below. I have read and agree to the information given on this entire form.

Signature of Parent or Guardian

Date signed

Parent's Emergency Contact #

2nd Emergency Contact Name

Number