



COASTLINE CHRISTIAN FELLOWSHIP

1-5th Grade Activity Release Form 2022-2023

_____ Youth's Last Name	_____ First Name	_____ Middle Name	_____ Age	_____ Grade (in Fall)	_____/_____/_____ Date of Birth		
_____ Address		_____ City	_____ State	_____ Zip Code			
_____ Shirt Size (circle one):		YS	YM	YL	YXL	AS	AM

Health Information

_____ Family Physician	_____ Phone
_____ Insurance Carrier	_____ Policy #
_____ Emergency Contact #1	_____ Phone
_____ Emergency Contact #2	_____ Phone
_____ Food allergies? (list type)	_____ Drug allergies? (i.e. 'penicillin' - list)
_____ Insect stings/bite allergies? (list type)	_____ Poison Sumac, Oak, Ivy allergies? (list)
_____ Previous operations or seriousness illness	
_____ Current medications (list)	
_____ Special dietary needs (note: camp can only accommodate 1 per person)	
_____ Please state any restrictions, physical impairments, or necessary limitations	
_____ Current medications (list)	

Childhood Diseases and Medical History (please date where applicable)

_____ Chicken Pox	_____ Measles	_____ Mumps	_____ Whooping Cough	_____ Other
_____ Asthma	_____ Sinusitis	_____ Bronchitis	_____ Kidney trouble	_____ Heart trouble
_____ Diabetes	_____ Dizziness	_____ Hay Fever	_____ Stomach Upset	_____ Other
_____ Date of last Tetanus shot				



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1-5th Grade Parent/Student Release Form 2022-2023

Student's Name	Age	Male / Female (circle)
Parent/Guardian	Mobile phone	Work Phone
Email	Home Phone	

Parent/Guardian Agreement

We the undersigned parent(s)/guardian(s) of the above named participant, grant permission for the participant to participate in the various activities, programs, outings/road trips and travel with transportation sponsored or attended by Coastline Christian Fellowship.

We, as parents/guardians have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities.

We, as parents/guardians, understand that this activity, as in any activity for youth, does present the risk of injury, or even death, to the participant, rare as they may be, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability to any other person or entity arising as a result of the conduct of the participant in this activity and agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such contact.

If we, as parents/guardians, are not personally present at these activities in which the participant is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the participant. My child, the participant is covered under health insurance as listed in registration information.

Student Agreement

I, as the participant, understand that while in attendance of CCF events, I am under the direction and authority of those leaders in charge. I also understand that the use of alcoholic beverages, illegal drugs, tobacco or cannabis, fireworks, foul language, and abusive and lewd behavior are prohibited. I am expected as a participant to be under the CCF leadership at all times. Any variance in the rules and/or regulations will result in immediate expulsion by asking my parents or guardians to pick me up at their expense.

I understand that CCF events will have a Christian spiritual emphasis.

I (student participant) have read this entire release form, have discussed it with my parent (s) or guardians(s) and agree to its contents.

This permission slip shall remain in effect from the date signed until: July 1, 2023

Student's signature

Date

Parent/Guardian's signature

Date