

Coastline Christian Fellowship - Parental Release Form

General Information

Youth's Name: _____ DOB _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Health Information

Family Physician: _____ Phone #: _____

Insurance Carrier: _____ Policy #: _____

Emergency Contacts: 1. _____ Phone #: _____

2. _____ Phone #: _____

Allergies: Food (list type): _____

Drugs (ie: penicillin): _____

Insect stings/bites: _____

Poison Sumac, Oak, Ivy: _____

Previous operations or serious illness: _____

Any Current medication (list): _____

Any Special Dietary needs: _____

Please state any restrictions, physical impairments and necessary limitations: _____

Childhood Diseases (please date where applicable)

Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Other: _____

Medical History

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble _____

Diabetes _____ Dizziness _____ Hay Fever _____ Stomach Upset _____ Other _____

Date of Last Tetanus Shot _____

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Parent/Student Release Form

Student: _____ Male: _____ Female: _____

Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

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 Participant 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, 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 is in effect from this date until: December 31, 2023

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____