

# NCCU Elev8 Youth Ministry Liability/Student Information

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Parents' Name (Legal Guardians) \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_ (home cell)

Relation \_\_\_\_\_ Phone \_\_\_\_\_ (home cell)

Email \_\_\_\_\_ [Please provide the email address you use the most often.]

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Emergency Contact \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_ home cell

Insurance Number \_\_\_\_\_

Provider \_\_\_\_\_ Provider Phone \_\_\_\_\_

Dr. \_\_\_\_\_ Phone \_\_\_\_\_

Health Concerns / Medications / Allergies (attach additional pages if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases New Community Church of Union/ELEV8 Youth Ministry and its staff or volunteers of any liability against personal losses.

I, the undersigned, willingly allow my son/daughter \_\_\_\_\_ to participate in events/programs organized by New Community Church/ELEV8 Youth Ministry. In the event that he/she is injured and requires the attention of a doctor, I 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 agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I 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 affirm that the health insurance information provided above is accurate and active for any care my child may require.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This form will be kept on file in the youth pastor's office in the church, and will be taken on each trip as needed. You do not need to fill out a new form unless there are changes. Please return, signed, and completed, to Michael Wedman at the New Community Church office. Thank you.

## Guardian Release for Student Events

I give permission for my child, \_\_\_\_\_, to participate in all activities planned by New Community Church ELEV8 Youth Ministry. I support the Youth Pastor, church staff, volunteers, and adult leaders chaperoning these activities, and I give them permission to take reasonable action, as they deem necessary, to protect the best interest of my child. I understand that participating in church events may involve certain risks, such as injury or risk to personal property. I hereby release and hold harmless New Community Church/ELEV8 Youth Ministry leaders, its staff, youth group leaders, and volunteers from any and all liability, claims, and causes of action arising out of or related to my child's participation in church events.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Media Release

I, \_\_\_\_\_, **do give** my permission for New Community Church of Union/ELEV8 to use my child's picture on their website, social media sites, and for media releases (web & print) in which to advertise a church event.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, **do not give** my permission for New Community Church/ELEV8 to use my child's picture under any circumstances.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date