

GCY MINISTRIES

Grace Coastal Church

Activities Permission Form

Being advised of the nature and extent of Grace Coastal Church Youth Activities, I certify that _____ is physically and mentally capable of participating and that he / she has my permission to travel to and attend any scheduled events of the Grace Coastal Youth Ministry. I give permission for my son/daughter to be transported by Grace Coastal Church youth leaders to all events. This permission slip and medical form is in effect from the date signed below until this youth graduates from the youth program of GCC or moves his/her membership to another church.

I understand that participation in events or activities could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the event or activity. I release the organization or business named above from all liability, costs and damages which might arise from participation in the above named event or activity.

(SIGNATURE) _____

Date: _____

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child, captured during regular and special Youth activities through video, photo and digital camera, to be used solely for the purposes of Grace Coastal Church promotional material and publications, and waive any rights of compensation or ownership thereto.

(SIGNATURE) _____

Date: _____

GCY MINISTRIES

RELEASE FORM _____ School Year

DATE: _____

Grace Coastal Church

Emergency Medical Information

Student Name: _____ Sex: M F Age: ____ Birth Date: _____

Address: _____ Phone: _____ Grade _____

City: _____ State: ____ Zip Code: _____ School: _____

Parents / Gauradian Information

_____ (Mother / Guardian Name) _____ (Father / Guardian Name)

If Parents are divorced, with whom does the student live? _____

(If different then students)

Address: _____ Address: _____

City: _____ State: ____ City: _____ State: ____

Zip Code: _____ Home # _____ Zip Code: _____ Home # _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Medical Information

Insurance Company: _____ Group Policy #: _____

Name Policy is under: _____

Preferred Hospital: _____

Doctor Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

List any known Allergies: _____

List any other medical problems: _____

List 2 other persons to contact if parents cannot be reached:

Name: _____ Phone #: _____

Name: _____ Phone#: _____

In the event of illness or injury, I give permission to any licensed physician and/or surgeon called upon to proceed with any treatment or medications as they shall think the existing emergency requires for the relief of pain and to preserve the life of my child and maintain their health; including the performing of such surgical procedures required to preserve the life of my child.

(SIGNATURE) _____

Date: _____