

**CENTRAL CHRISTIAN CHURCH**  
4901 Lake Shore Drive  
Waco, Texas 76710

Child/Youth Name: \_\_\_\_\_  
September 2008-September 2009

**CONSENT TO PARTICIPATION,  
MEDICAL AUTHORIZATION AND RELEASE**

Consent to Participation: \_\_\_\_\_ has my permission to participate in church activities at and away from Central Christian Church, including transportation to and from those activities in public or private vehicles **from September 2008-September 2009**. I understand that rules regarding dress, language and conduct may be established for participants in those activities. I agree to instruct my child to abide by those rules, and I acknowledge that the failure to follow those rules may result in my child's loss of the right to participate in those activities.

Medical Authorization. In the event that my child is injured, becomes ill or for any reason appears to be in need of medical care, I (1) authorize Central Christian Church and its ministers, sponsors, employees and agents to transport my child to a hospital or other medical facility; and (2) consent to any medical care or treatment (including diagnostic procedures, x-rays, treatments and operative procedures) which that person or the attending physician or medical care provider deems advisable, whether or not an emergency is deemed to exist.

I understand that an original or copy of this document may be presented to a physician, dentist, hospital employee or other medical care provider at the time that the medical, dental or surgical care is authorized, and that this authorization relieves the physician, dentist, hospital or other medical care provider from any liability resulting from the lack of specific authorization from me for that care or treatment. I assume responsibility for payment of any medical care or treatment or related costs.

Photograph Release. I give permission for Central Christian Church to use photos of \_\_\_\_\_ from church related events on the CCC website, newsletter, CCC publications and other Central Christian Church communications.

Release. I understand that, while reasonable attempts will be made to create a safe environment for youth activities, the ministers, sponsors, employees and agents of Central Christian Church cannot observe or control every condition or the actions, statements and behavior of every participant. I RELEASE CENTRAL CHRISTIAN CHURCH AND ITS MINISTERS, SPONSORS, EMPLOYEES AND AGENTS FROM ANY AND ALL LIABILITIES, CLAIMS, DAMAGES AND CAUSES OF ACTION OF ANY NATURE ARISING FROM OR RELATED TO THE PARTICIPATION BY ME OR MY CHILD IN ANY CHURCH ACTIVITY. THIS RELEASE INCLUDES ANY LIABILITIES, CLAIMS, DAMAGES AND CAUSES OF ACTION ARISING FROM THE SOLE OR JOINT NEGLIGENCE OF CENTRAL CHRISTIAN CHURCH OR ANY OF ITS MINISTERS, SPONSORS, EMPLOYEES OR AGENTS.

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

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

**PLEASE COMPLETE INFORMATION ON REVERSE SIDE**

**YOUTH/CHILD INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Social Security Number: \_\_\_\_\_ (needed for hospital care)  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

<u>Mother /Guardian</u>	<u>Father/Guardian</u>
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Mobile Phone: _____	Mobile Phone: _____

**EMERGENCY CONTACT PERSON**

If **neither** parent/guardian above is available, please attempt to contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**PHYSICIAN AND INSURANCE INFORMATION**

_____ Physician's Name	_____ Physician's Phone Number
_____ Insurance Carrier	_____ Insurance Company Phone Number
_____ Insurance Policy Number	

**MEDICAL AND OTHER INFORMATION**

Please list any medications that your child takes regularly: \_\_\_\_\_  
\_\_\_\_\_  
Please list any medical condition your child has that a physician should know before treating your child:  
\_\_\_\_\_  
\_\_\_\_\_  
Please list any other pertinent information about your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_