

North Coast Church FUEL 9/10 Student Activity Form

Activity Dates: July 16, 2017 – July 21, 2017

EVENT: BREAKOUT 2017

STUDENT'S NAME (print) _____ Gender _____ DOB _____ GRADE _____
 ADDRESS _____ CITY _____ ZIP _____
 School (2017-18) _____ FUEL Group Leader's Name _____
 PHONE (home) _____ Student's Cell _____ Student's email _____
 Mother's email: _____ Father's email: _____
 Mother's Name (print) _____ phone (h) _____ (c) _____
 Father's Name (print) _____ phone (h) _____ (c) _____

In case above numbers does not answer please notify?

Name _____
 Phone _____
 Relationship to Student _____

Health Insurance Co: _____

Policy No: _____
 Phone: _____
 Family Physician: _____
 Phone: _____

HEALTH HISTORY

Date of last tetanus shot: _____

CHECK OFF: All applicable health issues:

Allergies- type _____
 Allergy-Medications- type _____
 Asthma _____ Diabetes _____
 Epilepsy/Convulsive Disorder _____ Hay Fever _____
 Headache _____ Heart Condition _____
 Poison Oak _____ Sinus Issues _____
 Respiratory Problems _____ Physical Handicap _____

Special Needs:

Down Syndrome _____ Autism _____
 Cerebral Palsy _____ Aspergers _____
 ADHD _____ Physical Handicap _____

Activities:

Any swimming restrictions: _____ Yes _____ No
 Any activity restrictions: _____ Yes _____ No
 Any restrictions not noted? _____ Yes _____ No
 Any medications that must be taken? _____ Yes _____ No
 Any OTC medications that must NOT be given? _____ Yes _____ No

Mental Health

Any signs of depression or suicide in the last year? _____
 If so, how did you respond? _____
 Are they in counseling and/or on medication related to depression/suicide?

*If you checked a box or answered yes to any of the questions above please complete the **Health & Diet Information Attachment** that follows on next page.*

Medical Insurance Waiver (Only for those without medical insurance)
 Valid: : July 16, 2017 – July 21, 2017

_____ has no medical insurance.
 Student's Name _____
 I/we, _____ accept full responsibility
 Parent or Legal Guardian _____
 for Student's medical expenses incurred as a result of an accident or injury that occurs during a North Coast Church sponsored activity.
 Parent or Guardian's Initials _____ Date _____

Liability / Medical Release

I am the parent or legal guardian of the student named above, a minor, and have given consent for him/her to attend this Event being organized by North Coast Church, its agents, employees, volunteers, or representatives (collectively referred to hereinafter as the "Church"). I acknowledge that there are inherent risks involved in the **FUEL 9/10 Breakout 2017** to the Student and/or parents/guardians (collectively referred to herein as the "Student") and may result in **various types of injury including, but not limited to, sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage from the event's included activities: swimming, wake boarding, tubing, canoeing, basketball, football, hiking or any other Breakout activities.**

In consideration for the opportunity to participate in the activities, I voluntarily acknowledge and accept and assume all risk of damages and injury incurred or suffered by the Student while participating in or being transported to or from the events organized by the Church, **including FUEL 9/10 Breakout 2017.**

By signing this form, I, the parent/guardian release and promise to indemnify, defend, and hold harmless the Church for any injury arising directly or indirectly out of the described activities or transportation to and from the Activity, whether such injury arises out of the negligence of the Church, the Student, or otherwise. The parents/guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary. I also agree to bring my child home at my expense should he/she become ill or if a student ministries staff member deems it necessary for behavioral or other reasons.

If a dispute over this agreement or any claim for damages arises, the Student agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Student and the Church cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I understand that this form does not guarantee my student a spot on the aforementioned trip; rather it enters them in the registration process. I also agree deposits are not refundable except in the event of emergency cancellation (i.e. death in the family, illness).

Photo Release

During this event, your student's likeness may be recorded or photographed. Their involvement in this event constitutes your permission for North Coast Church and its ministries to continuously use any image or recording for any future purpose without remuneration.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Father, Mother or Guardian's Signature

Date

Relationship to Student:

Father

Mother

Guardian

Health & Diet Information Attachment – Fuel 9/10 BREAKOUT 2017

*The Health Information Attachment is required for all prescription medications, and explanation of allergies and other unspecified health issues/restrictions.

STUDENT'S NAME: _____

EXPLANATION OF ALLERGIES OR OTHER HEALTH ISSUES:

EXPLANATION OF UNSPECIFIED RESTRICTIONS OR HEALTH ISSUES:

PRESCRIPTION MEDICATION LIST

Medication Name	Dosage	Frequency – daily (AM/PM?), as needed, etc	Comments
1.			
2.			
3.			
4.			
5.			
6.			

Prescription medications must be sent with your camper in a sealable plastic bag with your camper's name clearly labeled on it. All medications must in their original packaging with prescription label affixed.

MEDICATIONS NOT ACCEPTABLE TO ADMINISTER:

___ Pepto Bismol	___ Benadryl	___ Acetaminophen
___ Milk of Magnesia	___ Cough Drop	___ Dramamine
___ Ibuprofen	___ Caladryl	

DIET REQUEST: Please circle if applicable. If you need special considerations for your meals, this must be addressed in advance, so that we may be prepared for your specific needs and to assure your proper nutrition while at camp. You will be given a wristband or similar type of identification to show at meal times.

Vegetarian	Do you also eat fish	Y	N
	Tofu	Y	N
	Cheese	Y	N
	Other Protein Sources	_____	
Vegan	Tofu	Y	N
	Other Protein Sources	_____	

Lactose Intolerant Do you just avoid dairy, or do you require lactose-free products?

Please describe: _____

Gluten Intolerance Do you just avoid wheat products, and are you aware of what other products may contain gluten?

Please describe: _____

FOOD ALLERGIES

Please list any food allergies you may have. Let us know the severity of the allergy and if it warrants that we are unable to have the allergen on site and serve it to other campers.