

**21<sup>st</sup> Street Church of God of Prophecy, Inc (21<sup>st</sup> Street Community Church)  
Personal Information, Release of Liability, Medical Treatment, Behavior  
Expectation and Transportation Consent Form.**

**Annual Renewal Required and Effective During Term for: \_\_\_\_\_.**

**Please print in ink**

Name \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_

Year in school \_\_\_\_\_

Male \_\_\_ Female \_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

Child/Youth's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Child's Home Phone \_\_\_\_\_

Child's Cell Phone \_\_\_\_\_

Child's/Youth's Email \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian's Home Phone \_\_\_\_\_

Parent/Guardian's Cell Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Name of Primary Insured \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Physician \_\_\_\_\_

Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Office Phone \_\_\_\_\_

Emergency Contact (other than Parent/Guardian)

Name \_\_\_\_\_

Relationship to Child/Youth \_\_\_\_\_

Address \_\_\_\_\_

Home and Cell Phone Numbers \_\_\_\_\_

## Medical Records

Name \_\_\_\_\_

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child/youth is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof.

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Include names of medications and dosages that must be taken along with any specific administration instructions.

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Check the following areas of concern:

1. For your child/youth's safety and staff knowledge, is your child/youth a  
\_\_\_good swimmer \_\_\_fair swimmer \_\_\_non-swimmer

2. Does your child/youth have allergies to any of the following (please explain the degree): \_\_\_pollens \_\_\_medications \_\_\_food \_\_\_insect bites\_\_\_ other

If others, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does your child/youth suffer from, or has ever experienced, or is being treated currently, for any of the following:

\_\_\_asthma \_\_\_epilepsy / seizure disorder \_\_\_heart trouble \_\_\_diabetes  
\_\_\_frequently upset stomach

4. Date of last tetanus shot \_\_\_\_\_

5. Does your child/youth wear \_\_\_glasses \_\_\_contact lenses

6. Please list and explain any major illnesses the child/youth experienced during the last year:

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Please list any activity restrictions for your child/youth.

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## Behavior and Participation Expectations

Name \_\_\_\_\_

For your information, we expect each child/youth to conform to these expectations of conduct, all though not limited by the listing below:

No possession or use of alcohol, drugs, or tobacco

No fighting, weapons, fireworks, lighters, or explosives

No offensive language or immodest clothing

Participation with the group is expected

Respect property

Respect one another, staff, and adult leaders

Respect and comply with event schedules

Reasonable discipline actions may be taken by church delegates for failure to conform to these expectations. Discipline may include, but is not limited to: time out, the student being excluded from continuing in the activity, etc. At no time shall physical discipline be implemented, other than necessary restraint to protect other children/youth, the child/youth themselves, church delegates, or other individuals. Students who fail to comply with these expectations may sent home at their parents' expense.

Activities may include, but are not limited to: mission work labor, cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides.

**Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the appropriate church/ staff person prior to that event.**

I, the child/youth, have read or have been read the expectations of conduct, and agree to abide by the stated expectations of conduct and potential discipline actions.

Child/Youth signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Name of child/youth)\_\_\_\_\_ has my permission, (name and relationship to child/youth)\_\_\_\_\_ to participate in all sponsored activities with the church and its delegates. I have read and understand the expectations of conduct and potential discipline actions and hereby agree to these as required for the child/youth's participation in said events.

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

Dated: \_\_\_\_\_

## Release of Liability, Medical Release & Transportation

I/We, the undersigned have legal custody of (child/youth's name) \_\_\_\_\_, a minor, and have given our consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastors, employees, agents, delegates, and volunteer workers from any and all liability for any injury, loss, or damage to persons or property that may occur during the course of my/our child/youth's involvement. In the event that he/she is injured and requires the immediate attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician, emergency medical provider or emergency dentistry provider. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by my/our health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the child/youth named above. I/we also agree to bring my/our child/youth home at my/our own expense should they become ill or if deemed necessary by the appropriate church delegates for any or all reasons.

I understand transportation to and from sponsored events may be available by church delegates. I agree that the church will not be held responsible in case of accident. I understand that transportation to and from the event may be by private car with approved adults driving. While each private vehicle and driver will be licensed and insured, I agree that the driver will not be held responsible in case of accident or injury.

Parent/guardian signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### Photograph/videotape Release:

I give my/our permission for my child/youth to be photographed or videotaped, which may be used for publications, including Internet. (check one) Yes \_\_\_\_ No \_\_\_\_

Parent/Guardian signature: \_\_\_\_\_  
Date: \_\_\_\_\_