Youth Activities Medical Form

Name: _____
Address: _____
Phone: _____ Grade: _____ Age: _____
Parent's Names: _____
Parent's Cell #: _____ Work #: _____
Emergency Contact other than Parents: _____
Phone of Emergency Contact: _____
Are you currently taking any medication? No ___ Yes ___
If yes, what? _____
Health Insurance Co._____ Policy Number_____

Do you have any medical condition that we should be aware of, or any medical or physical condition that would affect your ability to meet the physical demands of the various youth activities/trips?
No: ____ Yes: _____ Explain: _____
_____

??

Release, Acknowledgement and Assumption of Risk

I hereby acknowledge that I have voluntarily allowed my youth to participate in the Chapel Hills Baptist Church activities/trips to include, but not limited to, camp, amusement parks, water parks, baseball games, biking, camping, hiking, etc.

I understand that youth activities, whether outdoors or indoors, all involve a certain amount of risk and dangers which I am cognizant of and willing to assume full responsibility for.

I acknowledge the physical nature of participating in outdoor activities and state that my child is physically fit and fully capable to meet the physical demands of the activities in which I have enrolled him/her to participate.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said activities.

Parent/Guardian Signature: _____ Date: _____