

# Jr. High & High School Liability and Medical Release

Valid from October 2019-December 2020

For students grades 6-12 to participate in youth activities.

**Skyline Baptist Church - 3451 Liberty St. North Bend, OR 97459**

www.sbcnb.org - Phone: (541) 756-3311 - Fax: (541) 756-8879 email: cfrantz@sbcnb.org

David Woodruff, Senior Pastor; Tim Young, Assoc. Pastor; Chad Frantz, Youth Pastor; Loy Huntzinger, Children's Ministry Director

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## Information

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male / Female

Student's E-mail \_\_\_\_\_ Student's cell phone \_\_\_\_\_

Grade entering **fall 2019** \_\_\_\_\_ School Attending \_\_\_\_\_

Parent / Guardian Names: \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

Parent's Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

Parent's E-mail \_\_\_\_\_ Home Church (if any) \_\_\_\_\_

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## Medical Information & Release

EMERGENCY CONTACT: (Name) \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Location/Phone: \_\_\_\_\_ Is child's tetanus current? Yes \_\_\_ No \_\_\_

Allergies to: Insect stings \_\_\_ Drugs \_\_\_ Foods \_\_\_ Other: \_\_\_\_\_ Describe allergies and normal treatments:

OTHER CONDITIONS WE NEED TO BE AWARE OF: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Activity Restrictions Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

*Our church's insurance is only secondary insurance. If you have insurance, your carrier will be billed for medical charges in the case of illness or injury while participating in youth activities.*

Do you have health insurance? Yes \_\_\_ No \_\_\_ If so, please fill out the following:

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

**Medical Release** In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by a Skyline Church representative to hospitalize, to secure proper treatment, and/or order an injection, anesthesia or surgery for my son or daughter as deemed necessary.

**Liability Release** By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in youth activities and agree not to hold Skyline Baptist Church, or any of their members, staff or volunteers liable for damages, losses or injuries to the person or property under-signed. The Parents/guardians understand that they are signing for the minor listed on this form and the signature is both for medical and liability release. In addition, the parent or guardian here- by authorizes Skyline to use, reproduce, distribute, and display their child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the church.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_