

PARTICIPANT

Name of Child _____ Birthdate _____
(Last) (First) MM/DD/YY

Address _____
Street City State Zip Code

PARENTS AND EMERGENCY CONTACT

Father/Guardian*

Mother/Guardian*

Name _____	_____
Cell Phone _____	_____
Email _____	_____

Emergency Contact other than above:

Name _____ Relationship _____ Cell Phone _____

DOCTOR AND HEALTH INSURANCE

Doctor's Name _____ City _____ Phone _____

Health Insurance _____ Phone _____

Name of Main Policy Holder _____ Policy # _____

Subscriber # _____

HEALTH CONDITION OF PARTICIPANT

- | | | |
|---|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Chronic Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Others : _____ |

Allergies : Yes/No* If Yes, please specify _____

Food Restrictions: Yes/No* If Yes, please specify _____

Activity Restrictions: Yes/No* If Yes, please specify _____

Epi-Pen: Yes/No * Date of last tetanus _____ Other medications _____

I certify that I, the undersigned, am the parent/legal guardian of the child named below (“My Child”).

- I give permission for my child to participate in the activities of Valley Church AWANA Program on or off church campus.
- I understand that photos and videos may be taken of my child while at Valley Church activities, events or programs. They may be live streamed or used by Valley Church for future training or promotional purposes.
- I acknowledge that if my child has discipline violations, my child will be suspended from the activity and I will bear all the expenses associated with it.

In the event that my child experiences a medical emergency while participating in activities on or off the campus of Valley Church, and I cannot be reached, I hereby:

1. Give permission to the physician or dentist selected by Valley Church leaders to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary. **It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required.**
2. Authorize Valley Church leaders, who are 18 years of age or older, who supervise these activities, to receive physical custody of my child under Section 1283 (a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Valley Church leaders, who are 18 years of age or older, who supervise these activities.
3. Agree that all billings for services rendered will be sent to me as the parent/legal guardian and that I am responsible for the complete payment.

I relinquish all rights to recover damages for any and all injuries sustained by my child during or en route to and from activities. In consideration for the church granting my child permission to recreate on or off the church campus, I hereby release Valley Church from the liability for injuries caused by negligence on the part of Valley Church and its employees and volunteers.

I agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE OF MY OWN FREE ACT.** This is a legally binding agreement that I have read and understand for myself and my child.

Name of Participant (“My Child”) _____

Signature of Parent /Guardian _____ Date _____

Name of Parent/Guardian _____ Relationship to Minor _____
(please print)