

**WILLOW CREEK CHURCH (APPENDIX B)
CHILDREN & YOUTH ACTIVITY PARTICIPATION FORM**

Date _____
(Effective up to one year from the date of completion)

NOTE TO PARENTS/GUARDIANS: Willow Creek Church Youth Ministry wants our events and trips to be safe. In the event of an accident or illness, it is important that this information be kept up to date. It is the parent/guardians responsibility to promptly notify Willow Creek Church of any changes in medical history, emergency contact or medical insurance. These forms will be maintained by WCC Staff or Ministry Leader for up to one year.

PLEASE COMPLETE BOTH SIDES OF THIS FORM.

Participant Name (last, first)	SEX: M or F DOB GRADE
Home Address (# & Street)	Hm Phone
City/ST/Zip	Other Phone
Participant/Student's Email	Parent's Email
Parent/Guardian Name	Cell Phone
Address	Hm Phone
Second Parent/Guardian Name	Cell Phone
Address	Hm Phone
In case of Emergency if parent not available contact::	Phone #(s)

Please list any known food/drug/insect allergies _____

Physician Name _____ Phone _____

Dentist/Orthodontist Name _____ Phone _____

Health Ins Co: _____ Phone # _____ Group # _____

Not Currently Insured, I understand I am responsible for all medical costs due to necessary medical treatment.

Participant Signature

Date

Parent/Guardian Signature for minor

Date

PLEASE COMPLETE MEDICAL & LIABILITY RELEASE ON BACK OF THIS FORM—NOTARY REQUIRED

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NOTE: This form must be signed by Parent/Guardian in the presence of a notary.

Participant/Student Name (printed) _____

Parent/Guardian Name (printed) _____

NOTE: In addition to this participation form WCC requires a Children & Youth Activity Plan be completed and signed by a parent for each individual activity taking place off church property.

Authorization for Medical Treatment

This release and consent gives Willow Creek Church, PCA (WCC) permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact me. However, in case of an emergency, if I cannot be reached, I hereby give WCC permission to act on my behalf in seeking medical treatment by qualified personnel for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety and welfare. I release WCC and all medical providers from liability in acting on my behalf in this regard in rendering such medical treatment.

Release of Liability

I understand that participation in WCC activities is a privilege. In consideration of that privilege, I am signing this Release of Liability form on behalf of myself and/or minor child who is participating in WCC activities.

I understand that by partaking in WCC activities, my child and/or I may participate in any number of activities, some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks, whether such risks are known or unknown to me at this time. I further release WCC, including its pastors, employees, volunteers and agents, from any claim that I, or my child, may have against them as a result of physical injury or illness incurred during participation in WCC activities.

In consideration of your accepting me or my child for participation in the above named program, activity or sport, I hereby, for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages that I may have against the above named organization and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above named program, activity or sport sponsored by the above named organization.

I understand that illegal or immoral activities may result in my child being sent home at my expense. (These activities would include but are not limited to possession and/or use of drugs and alcohol, stealing, any behavior deemed inappropriate by WCC staff or leaders, etc.)

Image Release

I, the undersigned, hereby give consent for the use of any video, audio or images of my child for use by WCC including website and brochures. I release WCC from any liability connected with the use of my or my child's picture or voice recording as part of any publication or program.

Please mark this box if you DO NOT consent WCC to use video or audio images of your child.

*****NOTE: THE BELOW MUST BE COMPLETED & SIGNED IN THE PRESENCE OF A NOTARY*****

Signature of Father: _____

Date: _____

Signature of Mother: _____

Date: _____

Other Legal Guardian _____ Relationship to participant _____

NOTARY:

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who personally appeared before me and acknowledged that he/she signed the instrument voluntarily for the purpose expressed in it.

NOTARY PUBLIC: _____

Above person is personally known or has produced identification:

Date Commission Expires: _____

ID: _____

Notary Seal: