

# CHRIST'S CHURCH MINOR REGISTRATION AND RELEASE FORM

With the increasing sophistication of our medical systems and the liability risks associated with accidents, Christ's Church, located at 2200 N. Sycamore, Roswell, New Mexico, is finding it expedient and necessary to have a parental release/agreement form in the unlikely event of some serious injury to your child. Therefore, in consideration of allowing your child to participate in Christ's Church activities, the following sets forth an agreement entered into between Christ's Church and you as the guardian of your child.

The agreement gives us permission to take your child to the nearest available medical facility and have the necessary treatment administered. This is necessary because many hospitals will not administer any medical attention to a minor without some parental consent. **PLEASE PRINT:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Passport Number \_\_\_\_\_ Place of Issue \_\_\_\_\_ Expiration \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Work/Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Work/Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**In case of emergency and parents are unavailable, indicate whom we should call:**

(Name of person) \_\_\_\_\_ (Telephone) \_\_\_\_\_ (Relationship) \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Chronic or recurring illnesses or medical conditions: (Back pain, stomach upsets, frequent colds, allergies, asthma, drug reactions, etc.) \_\_\_\_\_

List any current medications being taken and why they are needed \_\_\_\_\_

List any activity Restrictions: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

In case of emergency, I understand that reasonable efforts will be made to contact me. If I cannot be reached, I, as guardian of the above named child, hereby give Christ's Church the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Christ's Church. I give permission to those administering emergency treatment to do so, using those measures deemed necessary, and I agree to bear the cost of such treatments. I absolve Christ's Church from any liability, claims, demands of actions or causes of actions whatsoever arising while acting on my behalf whether damage or injury results from negligence of the Church, its agents, servants or employees.

I, as guardian of the above named child, exempt and release Christ's Church, its agents, servants, or employees from any and all liability, claims, demands of actions or causes of action whatsoever arising out of any damage, loss or injury to the above named child or the above named child's property while upon the premises of Christ's Church or traveling with or engaged in Church sponsored trips or while participating in any activities contemplated by this agreement, whether such loss, damage or injury results from the negligence of the Church, its agents or employees.

\_\_\_\_\_  
(FATHER'S/GUARDIAN'S SIGNATURE )

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(MOTHER'S / GUARDIAN'S SIGNATURE)

\_\_\_\_\_  
(DATE)