



WESTWOOD STUDENT MINISTRY
2018-2019 STUDENT INFORMATION, PARTICIPATION AGREEMENT & RELEASE WAIVER

Student's Information:

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Male Female
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_
Fall 2018 School Name: \_\_\_\_\_ Grade: 6 7 8 9 10 11 12
Student lives with: Both parents Mother only Father only Shared custody Other: \_\_\_\_\_

Father's Info:

Name: \_\_\_\_\_ Email: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
(If different from student address above)
Home: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Mother's Info:

Name: \_\_\_\_\_ Email: \_\_\_\_\_
Home: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
(If different from student address above)

Alternate Emergency Contact:

Relationship: \_\_\_\_\_
Home: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_
Medical insurance carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_
Name of insured person: \_\_\_\_\_ Birthday of insured person: \_\_\_/\_\_\_/\_\_\_
Insured person's place of employment: \_\_\_\_\_
Name of family physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_
Name of family dentist/orthodontist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Health History: Check

\_\_\_ Downs Syndrome \_\_\_ Asthma \_\_\_ Bleeding Disorders \_\_\_ Hay Fever Food: \_\_\_\_\_
\_\_\_ Heart Defect/Disease \_\_\_ ADD/ADHD \_\_\_ Mononucleosis \_\_\_ Poison Ivy Drug: \_\_\_\_\_
\_\_\_ Seizures \_\_\_ Chicken Pox \_\_\_ Ear Infections \_\_\_ Penicillin Other: \_\_\_\_\_
\_\_\_ Tourette's Syndrome \_\_\_ Diabetes \_\_\_ Measles/Mumps \_\_\_ Insect Stings

Allergies: Check

Chronic/recurring illness/medical conditions including mental illness (depression, anxiety, etc.): \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Current medication name: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Current medication name: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Any other information you feel the leaders should know in advance about your student: \_\_\_\_\_

Are all immunizations current? (MMR, tetanus, hepatitis) Yes No

Parent(s)/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_



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Initial on the line

I acknowledge that my child's participation in Westwood Community Church Student Ministry is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. These activities may present risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the program activities, I agree to the following:

Westwood Community Church is not responsible for the loss or theft of personal belongings.

Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

I understand and authorize that my child's image may be photographed or filmed and used in Westwood video presentations, printed publications, website, and the Student Ministry social media pages.

I authorize my child to send and receive communication from staff and small group leaders within Student Ministry.

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I waive, release, and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Westwood Community Church's Student Ministry activities, the following person, or entities: Westwood Community Church, it's Senior Pastor and Associate Pastors, Elders, employees, volunteers, representatives, subcontractors, and agents of any of the above: B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Westwood, Westwood staff or volunteers and: C) I indemnify, defend and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in all Westwood Community Church Student Ministry activities.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process.

The undersigned (parent/guardian), the parent and natural guardian or legal guardian of (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify, defend, and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them because of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Release Waiver.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and the said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Westwood Community Church representative to provide the needed emergency treatment to the student prior to his/her admission to a medical facility.

I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/Diphenhydramine or over the counter antacids as needed.

For your information, these are our guidelines for conduct and swimwear:

- Respect one another, staff, and adult leaders
Respect property
Respect and comply with event schedules
Participation with the group expected
Guys must wear swim trunks, not Speedo-type swimwear
Girls must wear modest one-piece suit that does not show cleavage
Students are not permitted in opposite sex sleeping quarters
Alcohol, drugs, tobacco and lighters are not permitted
Fighting, weapons, fireworks, explosives not permitted

Parent/Guardian Initial

Student Initial

My child has permission to attend all church sponsored Student Ministry activities from June 1, 2018 – May 31, 2019, as listed in calendars and/or Westwood Community Church publication and communication avenues. NOTE: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to Westwood Community Church Student Ministry prior to that event.

Parent(s)/Guardian signature Date:

Student's signature Date:

