

Registration Form

Student's Name

Address

City Zip

Home Phone

Bus/Cell Phone

Emergency Phone

All Deposits are non-refundable

I have read the entire registration/release and brochure and by signing this agree, and understand all of the terms and conditions stated within. I further understand that if my child does anything to endanger his/her own life or the life of others I will voluntarily come and pick them up within 24 hrs. Consenting signature must be that of legal guardian if participant is under 18 years of age at the time of application.

Consenting Signature

Male

Female

School

What Grade are you in...

Birthday

Physical or medical concerns: This needs to include conditions and or physical condition that will inhibit your students activities

Medications: Please list any medications that your student is currently taking on a daily basis

Medication Name:	Dosage:	How Often:

Registered Deposit Paid in Full Forms

Lighthouse Coastal Community Church Student Ministries

Release/Disclaimer of Liability

I, _____ (Child's Name) in consideration of the benefits deriving from my participation in any event administratively organized by LighthouseCoastal Community Church (LCCC) do hereby voluntarily release, acquit and forever discharge LCCC and its officers, employees and agents from all manner of suits, actions, claims, demands, and liabilities which may arise from participation in the trip.

I recognize that the conditions in some of the places to which I will travel are not the same standards as the conditions to which I am accustomed. I realize, further, that there are certain health risks as well as other risks to me and my property, and I enter into participation in the trip with knowledge of those risks.

I understand that this document constitutes a full and complete waiver of all claims, including claims for negligence in personal or property damages, arising out of my participation in the trip.

No provision of this document shall, in any way, limit my right to make claims against persons other than LCCC, its officers, employees, and agents.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Consent For Medical Care

(I/We), the undersigned parent(s) of _____ (Child's name) a minor, do hereby authorize the person presenting this form to call a physician and to consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable for (my)(our) child.

It is understood that a conscientious effort must be made to notify(me)(us) before such action is taken. It is further understood that we release the person presenting this form from all liabilities connected with the transportation, diagnosis, treatment, hospital care, and expenses necessary for the treatment of (my)(our) child.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Medical Information

Physician to be called in an emergency _____

Office Phone _____ Cell Phone/Pager _____ Zip _____

Address _____ City _____

If this physician cannot be reached, what action should be taken? _____

Emergency Hospital _____ Other Instructions _____

Date of Birth _____ Allergies _____

Insurance Carrier _____ Policy # _____