

ACTIVITY:**DATE OF ACTIVITY:**

Student's Name: _____ Date of Birth: _____

Complete Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Emergency Phone: (____) _____

Are Calvary Monument Bible Church's Youth/Children Sponsors authorized to approve medical treatment? __Yes __No

Is participant covered by personal/family medical insurance? __Yes __No

If yes: Insurance Company: _____ Policy Number: _____

As the parent/legal guardian of the above-named student, I acknowledge and accept the risks of physical injury associated with participation in the activity named above. I accept personal financial responsibility for any bodily or personal injury sustained by this student during the activity and promise to hold harmless Calvary Monument Bible Church and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable arbitration process.

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: _____