



7600 Studley Road, Mechanicsville, VA 23116
Phone: (804) 746-4952 Fax: (804) 746-7287
Website: www.NorthsideVa.org

Medical Release/Activity Participation Form

Full Name _____ Birth date _____ Male ___ Female ___
Child's cell phone # (if applicable) _____

Parent/Guardian _____

Phone #s: (Home) _____ (Work) _____ (Cell) _____

Address _____

Alternate emergency contact _____

Phone #s: (Home) _____ (Work) _____ (Cell) _____

Medical insurance carrier: _____ Policy # _____ Group # _____

Carrier address: _____ Name of insured person _____

Insured's place of employment: _____

Family physician: _____ Phone(s) _____

Dentist: _____ Phone(s) _____

Orthodontist: _____ Phone(s) _____

Please attach a photocopy of insurance form or card (front and back).

Health History (Check if applicable or had immunizations):

_____ Frequent ear infections _____ Diabetes _____ Bleeding disorders
_____ Heart defect/disease _____ Asthma _____ Mononucleosis
_____ ADD/ADHD _____ Seizures _____ Down's Syndrome
_____ Tourette's Syndrome _____ MMR _____ Autism

Describe child's swimming ability: _____ Beginner _____ Intermediate _____ Advanced

Chronic or recurring illness or medical condition: _____

Dietary restrictions: _____

Any other information you feel the leaders should know in advance about your child _____

Allergies (Check):

_____ Hay Fever _____ Penicillin _____ Insect stings, (specify): _____
_____ Ivy Poisoning _____ Drug allergies (specify): _____
Food allergies (specify): _____
Any other allergies: _____

Current Medications (List prescription, over-the-counter, and herbal):

Medication name: _____ Dosage _____ Reason for taking _____

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Blood type (if known) _____ Are all immunizations current? (MMR, tetanus, hepatitis, etc.) _____ yes _____ no

Can we administer the following over-the-counter medications? Check all that are acceptable:

_____ Acetaminophen (Tylenol) _____ Ibuprofen (Advil) _____ Benadryl
_____ Antacid _____ Neosporin Any others? _____

The following rules of conduct and dress expected from participant:

- Respect one another, staff and leaders, and property and comply with event schedules
- No boys sleeping in girls' rooms and vice versa
- Students are not permitted to drive for events
- Student should not have, distribute or use alcohol, tobacco or illegal drugs-or wear apparel which advertises them.
- No individual should express affection with continuous touching or inappropriate gestures
- All Participants should wear modest fitting apparel which do not call attention to underwear (i.e. sagging pants or rolled down waistbands, excessively short or tight fitting clothing, Spaghetti straps except for sleepwear). Females are required to wear a one piece bathing suits or a two-piece suit with a dark colored shirt, when participating in water activities.

- Fighting, weapons, fireworks, explosives, or lighters are prohibited
- Participation with the group is expected

Failure to comply with these expectations could result in your child being sent home at your expense.

My child _____ has permission to attend all church-sponsored children and/or youth activities as listed in calendars or newsletters, including but not limited to the following: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snow boarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, flying. NOTE: If it is your desire to limit your child's participation in any event, **please submit your wishes in writing to Northside Baptist Church of Mechanicsville Virginia, Inc. prior to that event.**

Parent(s)/Guardian(s) Signature: _____ Date _____

Participant Signature _____ Date _____

Waiver and Liability Form

I(We) acknowledge that my child's participation in an activity sponsored by Northside Baptist Church of Mechanicsville Virginia, Inc. 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. Therefore, in consideration of my child's being allowed to participate in our church youth program activities, I (we) agree to the following: (Please initial below)

_____ Northside Baptist Church of Mechanicsville Virginia, Inc. is not responsible for the loss or theft of personal belongings.

_____ Misconduct may result in transportation home from an activity at the parents' expense. A child 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 video presentations, printed publications and the annual photo directory, including the church's internet website.

_____ I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: (1) 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 Northside Baptist Church of Mechanicsville Virginia, Inc. activities; (2) I indemnify and hold harmless Northside Baptist Church of Mechanicsville Virginia, Inc. and its staff and volunteers 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 activities sponsored by Northside Baptist Church of Mechanicsville Virginia, Inc. The undersigned _____, the parent and natural guardian or legal guardian of _____, the minor, hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

_____ I hereby authorize any licensed physician, emergency medical technician, hospital or other medical health care facility to treat the minor named herein for the purpose of 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 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 of any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to the representative of Northside Baptist Church of Mechanicsville Virginia, Inc. to provide the needed emergency treatment to the child prior to his/her admission to a medical facility.

_____ Copy of Medical Insurance card attached. _____ I choose not to attach Copy of Medical Insurance card.

Child's name _____

Parent(s)/Guardian Signature _____ Date _____

Notary Acknowledgement:

State of _____ County of _____

Personally appeared before me _____, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this ____ day of _____, 20 ____.

Notary Signature: _____ Notary Registration #: _____

My Commission expires: _____