

RADIATE Youth

*Please print legibly

Family Information and Release Form

Father's Name _____
Address: _____ City: _____
Apt/Unit: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email Address: _____
Sunday School Class Currently Attending: _____

Mother's Name _____
Address: _____ City: _____
Apt/Unit: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email Address: _____
Sunday School Class Currently Attending: _____

Teen Information:

Teens Name	Birth date	Age	Cell Phone	School	Grade	M/F	T-shirt Size
1							
2							
3							
4							
5							
6							

Medical Information:

Insurance Carrier: _____ Policy #: _____
Name of responsible party: _____
Address: _____
Family physician: _____ Phone #: _____
List all medical conditions: _____

List all allergies: Food - _____ Drug - _____
Other - _____
Medications required: _____

Emergency contact name (other than parent): _____
Relationship: _____ Phone: _____

Consent to Treatment of Minor and Release

Herein "Parent" _____

Herein "Minor(s)" _____

Herein "Organization": Richfield Church of the Nazarene

Herein Agent: Richfield Church of the Nazarene, and staff

The above-named Parent of the Minor has entrusted the Minor into the care of the Agent, an adult, and a duly authorized representative of the Organization, while the Minor participates in an activity sponsored by the Organization, and for the welfare of the Minor. The Parent does hereby authorize the Agent as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the laws of the State or Country in which the medical care is being sought, and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the laws of the State or Country in which the dental care is being sought. It is understood that this authorization is given in advance of any X-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable.

This authorization is given pursuant to the provisions of the laws of the State or Country in which the medical or dental care is being sought.

The Parent hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the Agent upon the completion of treatment. This authorization is given by provisions of the laws of the State or Country in which the medical or dental care is being provided. The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent and the Organization, under this authorization.

Furthermore, Parent voluntarily releases, discharges, waives and relinquishes all claims that they may have against Agent or Organization, its officers, employees, and volunteers for any and all claims, actions, or causes of action for personal injury, property damage or death occurring to Minor arising out of Organization's administration of or failure to administer medicine or medication to Minor, save and except only those claims due to Organization's fraud or willful injury to the person or property of Minor.

These authorizations shall remain effective until December 31, 2018, unless sooner revoked in writing delivered to said Agent.

No oral representations, statements, or inducements have been made by or between the parties to this Agreement with respect to the subject matter of this Agreement apart from the matters set forth within this Agreement.

I HAVE CAREFULLY READ THIS CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY AGREEMENT BETWEEN PARENT AND ORGANIZATION, AND SIGN IT OF MY OWN FREE WILL.

Parent's Name (please print): _____

Parent's Signature: _____ Date: _____

Multi-Media/Photographic Release

The Parent hereby authorizes said Agent to use photos of minor on forms, brochures, and internet for promotional purposes of future events. Photos of teen shall remain the exclusive property of Richfield Church of the Nazarene and shall be used without notice or compensation.

Parent's Signature: _____ Date: _____