

# MEDICAL RELEASE FORM

## GO FISH CHRISTIAN SUMMER CLUB

I (we) the undersigned parent(s) or guardian(s) of \_\_\_\_\_ a minor, do hereby authorize adult volunteers of Go Fish Christian Summer Club as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Go Fish Christian Summer Club, any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed \_\_\_\_/\_\_\_\_/2011

Parent/Legal Guardian (print) \_\_\_\_\_

Parent/Legal Guardian (sign) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Emergency Phone: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

If parent/legal guardian is not available in an emergency, contact

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please list any allergies, including medications, foods, etc. \_\_\_\_\_

Does your child have any medical or special needs, including any medications currently being used? No  Yes  If yes, please explain: \_\_\_\_\_

### CHILD'S LUNCH

please check the following box:  I will be providing my child's packed lunch.  
 My child will have money for lunch.



# REGISTRATION FORM

GO FISH CHRISTIAN SUMMER CLUB

JULY 25TH-29TH 2011

STARTS AT 0830HRS FINISHES AT 1400HRS

Registration Information (Please Print):

Male  Female

**PAID**  
Y/N  
.....

Child's name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number / Cell \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Special Needs \_\_\_\_\_

Parents Name (Print)

Parents Signature

### Photography Consent Form - Parent/Guardian

I agree that my child \_\_\_\_\_ Child's Full Name (please print)

Please check the appropriate boxes:

may be photographed/videotaped during the Go Fish Christian Summer Club and/or event.

I authorize that any images may be used for

educational purposes  
 promotional purposes

By not checking a box, we will assume that you **do not** agree to have your child participate.

Parent's/Guardian's Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_