

Holland Heights Christian Reformed Church Registration Form

LIABILITY RELEASE & PHOTOGRAPH RELEASE 2009-2010

~ www.HHCRC.org ~

PLEASE PRINT * ONE CHILD PER FORM

Child/Youth

Name: _____
First Name Middle Name Last Name

Home Address: _____
Street City State Zip Code

Phone: _____ GENDER: Male Female
Birth Date Age

School: _____ Can your child swim? Yes No Grade: _____

Allergies or other medical conditions: _____

CONTACT INFORMATION:

Mother/Guardian: _____
First Name Last Name Occupation

Employer of Mother/Guardian Email Address Cell Phone/Work Phone Number & Extension

Father/Guardian: _____
First Name Last Name Occupation

Employer of Father/Guardian Email Address Cell Phone/Work Phone Number & Extension

LIABILITY & PHOTOGRAPH RELEASE:

I, the undersigned parent or legal guardian for _____ (child/youth), release, forever discharge and agree to hold harmless Holland Heights Christian Reformed Church and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child/youth in the course of participation in all the activities of or related to Holland Heights. Those activities include, but are not limited to, the following: youth group meetings, field trips, campouts, swimming, boating, hiking, sporting events, Vacation Bible School, Bible Club and any other activities they may participate in. Further, I certify that my child/youth is physically fit and adequately trained to participate in such events, including swimming (except as noted above). I agree that if for any reason my child/youth needs to come home or be sent home, I will come and get my child/youth or approve appropriate transportation.

I give authorization for the church to provide all necessary food and transportation. I grant permission for HHCRC to use my child/youth's photograph in any publicity pieces. Publicity pieces include (but are not limited to) news releases, publications, videos and web use.

I understand that I will be notified in the case of a medical emergency involving my child/youth. However, in the event that I cannot be reached, I authorize the contacting of a physician and the providing of all necessary medical services in the event my child/youth is injured or becomes ill. I understand that Holland Heights CRC and their agents or representatives will not be responsible for any medical expenses incurred, but that such expenses shall be my responsibility as parent/guardian. I also release Holland Heights CRC and any and all of its agents from any and all liability should my child/youth incur an injury or illness.

I agree to notify Holland Heights CRC in the event of any health changes which would restrict my child's or youth's participation in any normal child or youth activities. I understand that the adult leaders reserve the right to restrict my child/youth from any activity that they believe is not within the physical capabilities of my child/youth.

Signature of Parent/Legal Guardian Date Physician's Name & Phone Number

[If applicable] Should _____ (child/youth) have to return home before the rest of the group for medical or disciplinary reasons, I hereby assume any costs incurred.

Insurance Company Emergency Contact Person & Phone Number

Policy Holder and Policy Number Noncustodial Parent & Phone Number Is contact allowed?

If you wish to give additional information, or to speak with the ministry leaders concerning any of the above, or wish to obtain any information concerning a specific event that your child or youth is obtaining permission to attend please call:

Holland Heights CRC Children's Ministries Director or Youth Director at (616) 396-5988.