

Medical Release and Permission Form July Open Gym

Please PRINT in ink

Name (last, first)_____ Age_____

Male___ Female___ Address_____ City_____

Name of parent/guardian_____

Address if not same_____ City_____

Phone number of parent/guardian_____

Emergency contact, name and phone number_____

Please list any medical issues that I need to be aware of _____

For your information, we expect each student to conform to these rules of conduct

1. No possession or use of alcohol, drugs or tobacco
2. No fighting, weapons, fireworks, lighters or explosives
3. No offensive or immodest clothing
4. Respect property
5. Respect one another, staff and adult leaders
6. Respect and comply with event schedules (Bible study from approx..2:10-2:25)
7. Students must be under adult supervision at all times

Students who fail to comply with these rules will be sent home. I, the student, have read the rules of conduct. I agree to abide by the stated personal limitations and code of conduct

Student Signature_____

PLEASE TURN OVER TO THE NEXT PAGE 

Name of student _____ has my permission to attend the open gym at the Neoga Elementary School from 2-4 Monday- Thursdays during July.

This consent form give permission to seek whatever medical attention is deemed necessary, and releases FCC Neoga and its staff of any liability against personal losses or named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by FCC Neoga. I/We understand that there are inherent risks involved in any ministry or athletic event, and I /we hereby release FCC Neoga, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by FCC Neoga, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member

Parent/guardian Signature _____ Date _____

Printed Name _____