

**NEW HOPE COMMUNITY CHURCH
YOUTH EVENTS
PARENT/STUDENT REGISTRATION AND RELEASE FORM**

ONLY ONE FORM NEEDS TO BE COMPLETED PER CALENDAR YEAR

DATE: _____

Please print in ink or fill out electronically. Signature must be hand written in ink.

Name _____ Grade _____ School _____

Address _____ City/State/Zip _____

Phone _____ Alternate Phone (cell) _____ Email _____

Age _____ Birth date _____ Parent/Guardian _____

Medical Insurance Co. & Policy No. _____

Medical conditions, Allergies, or Medications here : _____

If I cannot be contacted in an emergency, the best available alternate contact person is:

Name: _____ Phone: _____

Relationship: _____

Sponsoring organization:
New Hope Community Church Youth Ministry
1350 S Hwy 395 * Hermiston, OR 97838
(541) 567-8441

PARENT/GUARDIAN AGREEMENT:

We, the undersigned parents/guardians of the above named student, grant permission for the youth to participate in the various outings, or any other event sponsored or attended by NEW HOPE COMMUNITY CHURCH Youth Department. We, as parents/guardians, have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities.

We, as parents and guardians, understand that this activity, as in any activity for young people, may present the risk of injury, or even death, to the participant (rare as they may be), and we have advised the student of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability to any other person or entity arising as a result of the conduct of the student participating in this activity and agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such contact.

If we, as parents/guardians, are not personally present at these activities in which the student is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for medical and hospital treatment as you may deem advisable for the health and well being of the student. This is a Christian event and will have a spiritual emphasis. My son/daughter has insurance and is under supervision of the church listed above. Activities could include the following: snow skiing, tubing, outdoor games, swimming, relays, soccer, overnight housing in hotels/motels or churches, tug of war, group relays, water wars, water activities, water slides, exciting competitions, water skiing, volleyball, basketball, flag football, roller-skating, rollerblading, and similarly related activities.

PARENT/GUARDIAN SIGNATURE:

X _____ Date: _____