

Christ Church

Information and Consent Form

Name: _____ Sex: M F (circle one)
School: _____ Grade in School: ____
Birthdate: _____ Telephone: () -
Address: _____
City/State/Zip: _____
E-Mail Address: _____

Parents Names: _____
Contact Number: _____

Medical Insurance Co. _____ Policy No: _____
Family Physician: _____ Phone: () -
Special Medical or Dietary Needs: _____

As parent (or guardian) of the above named child, I attest that he/she is in good health and has no physical, mental, or emotional reason that would prohibit him/her from participating in the Christ Church EYC or any of its activities. I understand that every precaution has been taken to assure the good health and safety of each participant. Therefore, I waive any liability of Christ Church Macon or staff representing it for personal injury or death while attending events. I give my permission to have my child medically treated by a licensed physician, nurse, or hospital staff during events. I also understand that Christ Church Macon does not provide medical insurance for expenses of these treatments. Therefore, all expenses would be the responsibility of the family of the child requiring treatment.

Custodial Parent/Guardian Signature: _____