

**1. RELEASE OF LIABILITY:**

I understand that the opportunity to attend CENTRAL MN YOUTH FOR CHRIST activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor children. I understand that my child may participate in any number of physical activities some of which include, but are not limited to, recreational and adventure activities and games (Rock climbing, mountain biking, skiing, kayaking, horseback riding, etc.). I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware. I understand that all reasonable precautions will be taken at all times by Youth for Christ and its partners during adventure events and activities. However, I understand that adventure ministry activities carry with them certain risks and that minor injuries such as scrapes, cuts, and bruises are a normal part of adventure activities. I understand that the equipment and methodology used during adventure activities is designed to help prevent major injuries and/or death while taking part in the activities but cannot totally eliminate these possibilities. By signing this Release, I expressly assume these risks for my child and me, whether such risks are known or unknown to me at this time. I release CENTRAL MN YOUTH FOR CHRIST, including its affiliated chapters and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in CENTRAL MN YOUTH FOR CHRIST, activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.

**2. AUTHORIZATION FOR MEDICAL TREATMENT**

With the increasing sophistication of the medical system, I understand it may be necessary to have a parental consent form present in the unlikely event of an injury or condition requiring medical treatment of my child. This consent and release gives CENTRAL MN YOUTH FOR CHRIST and its personnel the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered. IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER IF I CANNOT BE REACHED, I HEREBY GIVE CENTRAL MN YOUTH FOR CHRIST AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE CENTRAL MN YOUTH FOR CHRIST ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES. I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in CENTRAL MN YOUTH FOR CHRIST activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, my child/ward, and our heirs, legal representatives and assigns.

I hereby agree to defend, indemnify and hold CENTRAL MN YOUTH FOR CHRIST including its chapter affiliates, their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all CENTRAL MN YOUTH FOR CHRIST activities.

**3. MEDIA RELEASE** *You may refuse release of media by checking this box*

I hereby grant permission to CENTRAL MN YOUTH FOR CHRIST the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of CENTRAL MN YOUTH FOR CHRIST. YFC also reserves the right to use and reproduce any artwork or other created work (writings, music etc) produced by my child (or me) for the purpose of promoting the future activities of CENTRAL MN YOUTH FOR CHRIST.

**4. BEHAVIORAL AGREEMENT**

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but not be limited to the possessions and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship; stealing; fighting; etc.) CENTRAL MN YOUTH FOR CHRIST will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

**MEDICATION INFORMATION**

Any medication brought a program/event must be accompanied by written instructions from a physician/parent. All prescriptions must be brought in the original container in which they were issued (with medical instructions, dosage information, etc.).

**Participant Name:** \_\_\_\_\_ **Participant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Central MN Youth For Christ Information Form *Revised 3/1/2018*

Date: \_\_\_\_\_ Name \_\_\_\_\_ D/O/B \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

***\*Please note: All information must be filled out for your child to participate. The majority of our programming is funded by grants and scholarship dollars. This information is necessary so we can continue to make scholarship money available to our Youth for Christ teens. All information is kept secure and confidential.***

Is your household female-headed?  Yes  No Do you rent or own your place of residence?  Rent  Own

**Total number of people in your household:** \_\_\_\_\_ What ethnicity are the members of your household and how many:

White # \_\_\_\_\_ Black/African American # \_\_\_\_\_ American Indian # \_\_\_\_\_ Asian # \_\_\_\_\_ Hispanic # \_\_\_\_\_ Two or more # \_\_\_\_\_

OTHER \_\_\_\_\_ # \_\_\_\_\_

Household Income Level:  0-\$20,500  \$20,501-\$34,200  \$34,201-\$54,700  \$54,701 and up

## Who to contact in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Alternate Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

## **Health History:**

**(check any that apply):**

\_\_\_\_\_ Frequent ear infections \_\_\_\_\_

\_\_\_\_\_ Heart disease/defect \_\_\_\_\_

\_\_\_\_\_ Seizures \_\_\_\_\_

\_\_\_\_\_ Diabetes \_\_\_\_\_

\_\_\_\_\_ Bleeding/clotting disorders \_\_\_\_\_

\_\_\_\_\_ Hypertension \_\_\_\_\_

\_\_\_\_\_ Psychiatric treatment \_\_\_\_\_

\_\_\_\_\_ Asthma \_\_\_\_\_

\_\_\_\_\_ Sleep Walking \_\_\_\_\_

\_\_\_\_\_ Athlete's Foot \_\_\_\_\_

\_\_\_\_\_ Mononucleosis \_\_\_\_\_

\_\_\_\_\_ Chicken Pox \_\_\_\_\_

\_\_\_\_\_ Measles \_\_\_\_\_

\_\_\_\_\_ German Measles \_\_\_\_\_

\_\_\_\_\_ Mumps \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**When or how often?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Immunizations (circle yes or no):**

yes no DPT (series of 3)

yes no Polio Immune

yes no MMR (Measles, Mumps, Rubella)

Date of last Tetanus Booster \_\_\_\_\_

**Allergies (check any that apply):**

\_\_\_\_\_ Hay fever

\_\_\_\_\_ Insect stings

\_\_\_\_\_ Penicillin

\_\_\_\_\_ Aspirin

\_\_\_\_\_ Food: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

***Please mark all Ministry Sites that you are involved with.***

\_\_\_\_\_ Band of Brothers-H

\_\_\_\_\_ Band of Brothers-C

\_\_\_\_\_ Braid

\_\_\_\_\_ Wheels

\_\_\_\_\_ Portable Vision

\_\_\_\_\_ Portable Audio

\_\_\_\_\_ Parent Life

\_\_\_\_\_ Hoop Time

\_\_\_\_\_ YFC Core

\_\_\_\_\_ Rock Outdoor Adventures

**Fears/Anxieties:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_ Dosage: \_\_\_\_\_

All medications must be in original container.

**Other Health History:** \_\_\_\_\_

## **Verification of Information:**

I verify that all the information communicated about my child above is true and current. I do not hold CM YFC or their volunteers or ministry partners responsible for errors in this information.

**Parent/Guardian Signature**

**Date**

**Please Turn Over** 