

## **RiverLakes Student Ministry Participation Form**



Valid from June 2022 to June 2023

Name of Participant	Grade
Address	
City State Zi	p
Phone # Cell #	
Email	
Parent/Guardian Name(s)	
Phone # Cell #	
Email	
Emergency Contact: Name	
Hospital Insurance (circle one): Yes No	
Insurance Company	
Policy #	
Physician's Name Phone # _	
Please circle any medications that can be given to the par	ticipant:
Pain Relievers: Acetaminophen Ibuprofen Aspirin Colds/Coughs:	Robitussin Sudafed Benadryl
Tummy Stuff: Pepto-Bismol Maalox Dramamine Imodium AD Poisonin	g: Ipecac Syrup Charcoal Tablets
Cuts and Scrapes: Neosporin Additional appropriate over-the-counter medicines	S:
Please list any prescription and/or over-the-counter medications participant along with dosage:	s that are currently being taken by the
Please list any pre-existing medical conditions and/or allergies (	(including food):
T-Shirt Size: Cabin Partner Request: 1	2.

Parent/Guardian Signature	Date
13:17). At RiverLakes Student Ministry activities, those in situations "first time obedience" is expected. If a lead accordingly the first time you are asked. If you do not privilege of participating in activities. Repeated violations etc., may require you to return home before the end of	Christians to respect and obey those in authority (Romans 13:1-6; Hebrews authority include leaders from RiverLakes and other groups we may join. In all er asks you to do something or stop doing something, you are to respond properly respond, the consequences include, but are not limited to, losing the and violations of a severe nature, such as alcohol or drug use, open defiance, the activity, event or trip without reimbursement. Your parents will be notified discipline issues will be minimal. However, if problems occur, we are prepared
and willingly change if leaders deem my clothing inappr suit when swimming is permitted. Likewise, as a female spaghetti strap tank tops, no tube tops, no short shorts, shirt on whenever not directly participating in a water fro my underwear. I agree to wear no logo or t-shirt design the	
representatives and assigns the right and permission to posticial RiverLakes Community Church printed publication treat the photograph at its discretion. I also acknowledge at its own discretion at a later date. In giving my consent office employees from any and all responsibility or liability should any photographs of my child-participant be used.	be taken and I hereby give RiverLakes Community Church and their legal publish the picture of my child-participant on its World Wide Web site or in other ins without further consideration, and I acknowledge the church's right to crop or that the church may choose not to use the photo(s) at this time, but may do so it, I hereby release and hold harmless RiverLakes Community Church and their y. I understand that neither I nor my child-participant will receive compensation
minor has been entrusted while attending and participa and permission is hereby given to RiverLakes Communit	our (my) child to ride in any vehicle designated by the adult in whose care the ting in activities sponsored by RiverLakes Community Church. Authorization y Church to furnish any necessary food and lodgings for this participant.
assume all transportation costs.	ne due to medical or disciplinary reasons or otherwise, the undersigned shall
	and indemnify RiverLakes Community Church, its directors, employees, and unity Church as is the result of the negligent, willful or intentional acts of said
agree to hold harmless RiverLakes Community Churcl personal injury, sickness or death, as well as property di undersigned and the child-participant that occur while sa personal injury, sickness, death, and damage as a result	id child is not 18 years of age or older) do herby release, forever discharge and and the directors thereof from any and all liability, claims or demands for amage and expenses, of any nature whatsoever which may be incurred by the aid child is participating in any trip or activity. We (I) hereby assume all risk of of participation in any RiverLakes Community Church activity.
The undersigned shall be liable and agree(s) to pay a services rendered to the aforementioned child pursuant to	all costs and expenses incurred in connection with such medical and dental o this authorization.
activities sponsored by RiverLakes Community Church consent to any medical or hospital treatment, including I treatment, to be rendered to the minor under the general	y) child,, to attend and participate in We (I) authorize an adult, in whose care the minor has been entrusted, to out not limited to x-ray examination, anesthetic, surgical or dental diagnosis or all or special supervision and on the advice of any physician or dentist licensed e medical staff of a licensed hospital, whether such diagnosis or treatment is al.

I agree to abide by all the rules as expressed by the leadership of Riverlakes Community Church.

Date

Student Signature