



# FIRST PRESBYTERIAN CHURCH OF ALAMEDA

2001 SANTA CLARA AVE, ALAMEDA, CA 94501

## YEAR-LONG YOUTH MEDICAL AND PERMISSION FORM

I, the undersigned, certify that I am the parent / legal guardian of \_\_\_\_\_  
(Student), a minor, and that the Student is in good physical condition and able to participate in all activities sponsored by FIRST PRESBYTERIAN CHURCH OF ALAMEDA (FPCA).

**RELEASE OF LIABILITY:** I understand that the Student may participate in any number of physical activities. 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.

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 FPCA, including its officers, directors, volunteers, employees, contractors and agents, from any claim that I or the Student may have now or in the future against them for any physical and personal injury, illness or death due to participation in FPCA activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by Student or any person made on their behalf.

**AUTHORIZATION FOR MEDICAL TREATMENT:** In case of physical injury, illness or medical emergency of Student, I ask that you, the FIRST PRESBYTERIAN CHURCH OF ALAMEDA representatives, make reasonable attempts to contact me; however, if I cannot be reached, I authorize you to contact our family physician if he I she can be reached, and to take whatever measures are necessary to ensure the safety of the Student. This authorization and consent authorizes physicians, dentists and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licenses, technicians or nurses to render the diagnosis, treatment or care they deem advisable for the Student in the exercise of their best professional judgment. I understand that every reasonable attempt to contact me will be made before providing diagnosis, treatment or care, time and conditions permitting, but that diagnosis, treatment or care may be provided in an emergency without my consent.

**MEDIA RELEASE:** I hereby grant permission to FIRST PRESBYTERIAN CHURCH OF ALAMEDA the right to use, reproduce, and/or distribute any photographs, film, videotapes and sound recordings of me and Student, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of FPCA.

This authorization is effective from September 1, 2016 through August 31, 2017.

I /We, the Parent(s), understand that this form does not automatically register the Student for every activity or event sponsored by FPCA within the above referenced dates and that specific registration may need to be submitted for special events.

SIGNATURES OF PARENT(S) / GUARDIAN(S)

Both parents must sign unless only one parent has custody.

I / We have read and agree to all of the above terms, including without limitation to consent for my I our child, the above Student, to participate in FIRST PRESBYTERIAN CHURCH OF ALAMEDA activities, medical treatment consent, and release of liability.

\_\_\_\_\_

Parent / Guardian Signature Parent / Guardian Printed Name Date

\_\_\_\_\_

Parent / Guardian Signature Parent / Guardian Printed Name Date

STUDENT PARTICIPATION FORM

(Contact, Medical and Insurance Information, Parental and Medical Treatment Consent and Release)

CONTACT INFORMATION

Student Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

School: \_\_\_\_\_ Grade (7-12) \_\_\_\_\_

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Email:

\_\_\_\_\_

Parent / Guardian 1 Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email:

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Parent / Guardian 2 Name:

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Address:

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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email:

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#### MEDICAL AND INSURANCE INFORMATION

Name of person to notify if parent / guardian is unavailable:

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Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last Tetanus Booster: \_\_\_\_\_ Allergies: \_\_\_\_\_

Any medical conditions which could limit participation in activities:

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Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder's Name:

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#### OTHER INFORMATION WE SHOULD KNOW

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