

FCA Winter Recharge 2010 Student Participant PERMISSION/ WAIVER FORM

**NOTE: PARENT/ GUARDIAN---IT IS IMPORTANT that you complete the following Health Record.
Must be completed and turned in with huddle registration.**

Name of Student (please print) _____ T-Shirt Size _____

Parent's E-mail Address (please print clearly) _____

Address _____

City _____ State _____ Zip _____ Phone _____

If the participant is a child, print the names of parent(s) and/or legal guardian(s):

Age of Child _____ BirthDate _____ Gender _____ Year in School _____

School _____ Social Security # _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity/related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities whether such risks are known or unknown to me at this time. I further release Fellowship of Christian Athletes (FCA) and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitations) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's of my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents.

I further agree to indemnify and held harmless FCA and its leaders, employees, volunteers, or agents from any and all claims arising from any participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of FCA to seek and secure any needed medical attention or treatment for the child named above including hospitalization, it in the agent's opinion such need arises. In doing so I agree to pay costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again I agree to pay for medical treatment.

Publicity

On occasion, FCA takes photographs or makes an audio or video tape recording of children and / or adults involved in activities. Staff and participants to remember the activities and participants may use such photographs or video records. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. Local news organizations may here of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

(Over)

Medical History

1. Does the camper have any known physical defect or illness, which might interfere with his/her participation in strenuous activity? If so, please explain.

2. Does the camper have any severe allergies or reactions to drugs or medicines? Explain.

3. Is the camper presently taking any medications or on any special diet exercise restrictions? If yes, please list specific details. (Name of drugs, dosage, etc.)

4. Indicate the date of last TTB (Tetanus, Dip Tox, Booster Shot):_____

5. Are there any emotional/social disabilities that would be helpful for us to be aware of?

6. Is your son/daughter living with both parents, one parent, guardian or other? _____

Health Insurance

Health Insurance Information: Insurance Company- _____

Policy Number-_____ Phone Number-_____

Medical Doctor-_____ Phone Number-_____

Emergency Contacts

Name of person and telephone numbers to call in case of an emergency:

Parent/Guardian:_____ Home:_____ Work:_____

Parent/Guardian:_____ Home:_____ Work:_____

Other: _____ Home:_____ Work:_____

Other Information

Other information leaders should know about the camper/student participant:

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and I am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of this organization, including any special events/activities described above, in consideration, for allowing the participation of the child in these activities. I hereby consent to the Permission/Waiver Form, including the *Release of Liability* above on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, legal representation, successors and assigns.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date