Please Check One: ☐ SPONSOR
☐ STUDENT

DISCIPLINE, LIABILITY AND MEDICAL RELEASE FORM

(Please print this form and bring two completed copies for each Student)

(Please Print Clearly)

Student's Name_____Gender _____

Address _____

City_____State_____Zip _____

Phone #(_____)_____Birthday_____/_____/_____Year of Graduation _____

(Please Print Clearly)

Name of Parents/ Legal Guardians _____

Attending with _____

(Church Name) *(City / State)* *(Group Leader's Name)*

Health Insurance Company_____Policy # _____

List of known allergies & medications currently taken: _____

_____

I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in this Christ In Youth Program.
The child identified on this form understands that all students are expected to abide by the Program rules and be directly responsible to the Christ In Youth Program Director. Christ In Youth, Program Director assumes responsibility for discipline at the Program and , if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home.

Further, I do release and hereby agree to hold blameless Christ In Youth and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with CIY Programs. I also release the lessor of properties (colleges) on which the Program is held.

Further, I do authorize the minister or sponsor of this activity or any Christ In Youth staff member, in the event I cannot be reached by phone, to give consent to a physician and /or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I give Christ In Youth permission to use photo and video taken at this Program in promotional materials.

Further, I do certify that said child is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

_____

(Signature of Parent or Legal Guardian) *(Date)*

Several Christian Colleges appreciate receiving the names of young people who attend Christ In Youth Programs. Do you give permission for CIY to release this students name? YES ☐ NO ☐

Person to notify in event you cannot be reached:

Name_____Relationship_____Phone # (_____) _____

This form must be presented at registration for ALL ADULTS AND YOUTH attending Christ In Youth Programs (Sorry, **NO EXCEPTIONS**)

CIY CANNOT ALLOW ANYONE TO ATTEND WITHOUT THIS FORM!