

STUDENT'S NAME: _____	BIRTHDATE: _____	AGE: _____
ADDRESS: _____	CITY: _____	ZIP: _____
EMAIL: _____	GRADE FOR 2008-2009 SCHOOL YEAR: _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Parents' or Guardians' Names: _____		
HOME PHONE: (    ) _____	WORK PHONE: (    ) _____	CELL: (    ) _____
<i>Local Emergency Contact (in case parent(s) are out of town):</i>		
Name: _____	PHONE: (    ) _____	

**HEALTH HISTORY** (please explain any condition we should be aware of): \_\_\_\_\_  
\_\_\_\_\_

Allergies (insect stings, drugs, food, etc.): \_\_\_\_\_

Normal Treatment: \_\_\_\_\_

Name & Dosage of Medications Currently taking: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Any other conditions (heart condition, diabetes, asthma, epilepsy, etc.): \_\_\_\_\_  
\_\_\_\_\_

Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Any swimming restrictions? yes \_\_\_\_ no \_\_\_\_ Any activity restrictions? yes \_\_\_\_ no \_\_\_\_

What restrictions? \_\_\_\_\_  
\_\_\_\_\_

**LIABILITY RELEASE**

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, you agree to assume and accept all risks and hazards inherent in church-related social and sport activities including transportation to and from activities. You also agree that you will not hold Peninsula Bible Church or its employees or volunteer assistants liable for damages, losses or injuries to the person named on this form. You understand that this form and your signature are for both medical and liability release.

**MINOR'S LIABILITY RELEASE**

I give permission for my child, \_\_\_\_\_, to participate in all activities as part of the ministry of Peninsula Bible Church of Palo Alto, California. As parent or legal guardian of said minor, I accept full responsibility for my child's participation in PBC activities including transportation to and from any location in connection with PBC events. I will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release PBC from any liability. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any person standing loco parentis to my child. It is understood that my child will obey all regulations and follow instructions of the leaders. I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary.

The above Liability and Medical Release covers any and all activities sponsored by or associated with Peninsula Bible Church.

**INSURANCE:**

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while participating in activities or on the church premises.

Medical Insurance Company Name: _____	Policy Number: _____
Address: _____	Phone # _____
Parent/Guardian Signature: _____	Date: _____
Print Name: _____	