

College Church in Wheaton Children's Ministries Program

Participation Form

May 2016-May 2017

(This form does not supersede any church policy.)

College Church in Wheaton, "CCIW", welcomes your child's participation in any on or off-site Children's Ministries event. It is necessary, however, for CCIW to have an understanding with you regarding CCIW's responsibility in the event of accident or illness involving any participant in a Children's Ministry event.

We, therefore, ask you to agree to the following terms and conditions:

Section I: General Consent for On or Off-site Participation:

I, as a responsible parent or guardian of (print student's name) _____, give consent for him/her to participate in any Children's Ministries event being sponsored by CCIW, and agree as follows:

1. The Children's Ministries event participant and his/her parent or guardian agrees to abide by the rules and regulations established by CCIW for the health, safety, and welfare of the Children's Ministries event participants.
2. I understand and acknowledge that my child's participation in the CCIW Children's Ministries event carries a risk of injury. I hereby agree to release and hold harmless any staff, officers, directors, employees and/or agents of CCIW from any claims, costs, expenses (including attorney's fees) and/or damages arising out of my child's participation in the CCIW Children's Ministries event.
3. I understand that CCIW does not provide accident or dental insurance, and that I shall be responsible for any and all medical bills should my child sustain an injury, illness, or loss of life in conjunction with his/her participation in the Children's Ministries event, including transportation to and from the event activities.
4. I understand that my minor may be traveling to or from various Children's Ministries events in vans (including but not limited to 12 passenger or 15 passenger vans), buses leased or owned by CCIW, or in privately-owned vehicles.
5. CCIW reserves the right to dismiss any Children's Ministries event participant whose conduct is deemed, as determined by the staff, as being detrimental to other children, staff, or any aspect of the Children's Ministries event.
6. CCIW reserves the right to deny enrollment, admission or participation to any Children's Ministries event participant if that participant is found by staff to exhibit any physical or emotional behavior which would impede his/her ability to fully participate or prevent others from participating in any Children's Ministries event activity.
7. CCIW reserves the right to use any Children's Ministries event participant in any promotional photographs or other materials produced in conjunction with the CCIW Children's Ministries event. The use of any Children's Ministries event participant by CCIW in connection with any aforementioned promotional activity shall not entitle the Children's Ministries event participant to compensation from CCIW.
8. CCIW shall not be responsible for articles of clothing, personal effects or other belongings that are lost or damaged by fire, theft, other Children's Ministries participants or staff.
9. I agree that this release covers each and every time the participant participates in any activity of CCIW between **May 2016-May 2017**, whether on premises owned or operated by CCIW or at any other location.

I have read and understand the above provisions and it is my intention that by signing below I will bind myself, my spouse, the participant, and my and the participant's heirs, successors, executors, estate and dependents to the terms stated above.

Parent/Guardian signature: _____ Date: _____

Name of Parent/Guardian (print): _____

Section II: Student/Parent Information:

Student's Name _____ Student's Birth Date _____

Address _____

City _____ State _____ Zip _____

Parent Telephone (Home) (_____) _____ **(Work)** (_____) _____

Other phone (specify cellular/pager, etc.) (_____) _____

Parent Email _____

Special Medications or Allergies: _____

Should the participant's activities be restricted for any reason? _____

Emergency Contact other than parent: Name _____

Telephone: _____

Family Doctor/Name of Practice: _____ Doctor's Phone () _____

Insurance Carrier: _____ Policy Number: _____ Group Number: _____

Those in charge will take every possible safety precaution and every possible attempt will be made to contact parents or guardians immediately in the event of injury or other emergency. In the event I cannot be reached in any emergency, I hereby grant permission to the physician selected by CCIW to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, and that I will be financially responsible for the treatment.

Parent/Guardian Signature: _____ **Date:** _____