



Walnut Creek Presbyterian Church

1801 Lacassie Avenue • Walnut Creek, CA 94596 • wcpres.org

STUDENT PARTICIPATION FORM

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

CONTACT INFORMATION

(Please print clearly. Fill in all fields.)

Student: Name _____ Birthdate (mm/dd/yyyy) _____

School _____ Grade (2018-2019) _____

Home Address, City, Zip _____

Student Phone _____ Student Email _____

Parent/Guardian 1: Name _____

Home Address, City, Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Parent/Guardian 2: Name _____

Home Address, City, Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

MEDICAL AND INSURANCE INFORMATION

Person to notify if parent/guardian is unavailable _____

Phone (home/cell) _____ Relationship to Student _____

Family Physician _____ Phone _____

Last Tetanus Booster _____ Allergies _____

Any medical conditions which could limit participation in activities

Medical Insurance Carrier _____ Policy # _____

Policy Holder's Name _____

OTHER INFORMATION WE SHOULD KNOW



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PARENTAL AND MEDICAL TREATMENT CONSENT

I, the undersigned, certify that I am the parent/legal guardian of, _____
(Student Name)

a minor, and that the Student is in good physical condition and able to participate in all activities for young people sponsored by Walnut Creek Presbyterian Church (the "Church"). I consent to the participation of the Student in any activity for young people sponsored by the Church in which the Student elects to participate ("Permitted Activities").

In case of physical injury, illness, or medical emergency of Student, I ask that you, the Church representatives, make reasonable attempts to contact me; however, if I cannot be reached, I authorize you to contact our family physician if he/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.

PHOTO/ FILM AUTHORIZATION

I hereby assign and grant Walnut Creek Presbyterian Church, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Church activities, and I hereby release Walnut Creek Presbyterian Church, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Walnut Creek Presbyterian Church, and I specifically waive any right to any compensation I may have for any of the foregoing.

This authorization is effective from **June 1, 2018 to August 31, 2019**.

RELEASE

THE UNDERSIGNED PARENT OR GUARDIAN TAKE FULL RESPONSIBILITY FOR ANY INJURIES INCURRED BY THE STUDENT, EITHER IN TRANSPORTATION TO OR FROM OR AT PERMITTED ACTIVITIES, AND AGREE TO RELEASE THE CHURCH AND ITS TRUSTEES, OFFICERS, DIRECTORS, EMPLOYEES, MEMBERS, AND VOLUNTEERS ("RELEASEES") FROM AND AGAINST ANY LOSS, LIABILITY, OR CLAIM FOR PHYSICAL OR BODILY INJURY OR DEATH TO THE MINOR STUDENT ARISING OUT OF NEGLIGENCE OF THE RELEASEES IN CONNECTION WITH OR RELATED TO PERMITTED ACTIVITIES. THIS RELEASE APPLIES ONLY TO CLAIMS WHICH ARE IN EXCESS OF LIABILITY INSURANCE COVERAGE WHICH THE CHURCH HAS OBTAINED, OR TO CLAIMS FOR WHICH THERE IS NO LIABILITY INSURANCE COVERAGE. FOR MULTIPLE CLAIMS ARISING OUT OF THE SAME INCIDENT, AVAILABLE INSURANCE COVERAGE WILL BE PRORATED AMONG THE CLAIMANTS IF THERE IS INSUFFICIENT COVERAGE FOR ALL. THIS RELEASE DOES NOT APPLY TO INTENTIONAL INFLECTION OF INJURY OR SEXUAL MISCONDUCT OF ANY SORT BY THE RELEASEES. THROUGH PARTICIPATION IN PERMITTED ACTIVITIES THE UNDERSIGNED PARENT OR GUARDIAN GIVE PERMISSION FOR THE STUDENT TO RECEIVE PASTORAL COUNSELING EITHER IN A GROUP OR ONE-ON-ONE.

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 consent for my/our child, the above Student, to participate in Walnut Creek Presbyterian Church youth activities, medical treatment consent, and release of liability.

Parent/Guardian signature _____ Parent/Guardian print name _____ Date _____

Parent/Guardian signature _____ Parent/Guardian print name _____ Date _____