

# Garden Youth Ministry Activity Release Form 2021– 2022 School Year

\*\*\*ONE FORM PER MINOR \*\*\*

THANKS FOR PRINTING SO WE CAN READ YOUR WRITING!  
THE FOLLOWING RELEASE MUST BE COMPLETED IN FULL (BOTH SIDES) SIGNED TO COMPLETE THE RELEASE PROCESS.  
THIS INCLUDES HIGH SCHOOL, MIDDLE SCHOOL ACTIVITIES, YOUTH TEAM NIGHTS, AND CAMPS.

## STUDENT INFO:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Birthdate (Month/Day/Year)

\_\_\_\_\_  
Age today

\_\_\_\_\_  
Grade in

## PARENT/GUARDIAN INFO:

I am the student's  Parent  Legal guardian

\_\_\_\_\_  
First Name(s)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
E-Mail

Authorized alternate contact if parent/guardian cannot be reached: \_\_\_\_\_  
First Name Last Name

Relationship to student (if any, or "family friend"): \_\_\_\_\_

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

## INSURANCE/MEDICAL INFO:

In the unlikely event that professional medical attention is required, please provide medical insurance information for your child:

Insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Name of policyholder: \_\_\_\_\_  Check here if no medical insurance applies.

I \_\_\_\_\_ am responsible for any and all medical care needed for  
(PRINT Parent/Guardian's Name)


\_\_\_\_\_ while participating in events sponsored by Garden Christian Assembly.  
(PRINT Student's Name)

In case of medical emergency for my student, I hereby authorize Garden Christian Assembly (The Garden) and/or it's volunteer staff to act in their best judgment to seek medical attention through appropriate means, including emergency room treatment as deemed appropriate by attending medical personnel and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation. I also accept responsibility for expenses incurred through such treatment.

Student's Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Tetanus booster up to date?  Yes  No

Immunizations up to date?  Yes  No

Continued on reverse 

**PARENT/GUARDIAN CONSENT:**

I release The Garden and/or respective agents from any liability or injury or damage and assume all risks relating to my student's participation in all activities related to Garden Youth Ministries on and off the Property of The Garden.

**By signing this form, I declare that I am the legal parent/guardian of the minor child listed and am authorized to grant permission for them to participate in activities sponsored by The Garden.** Activities involving other entities may require additional releases and will be provided on an individual basis.

I understand and agree that The Garden is not responsible for personal property that is lost, damaged, or stolen in connection with GYM or other ministry activities.

**I understand that in the event that my child is involved in behavior that is unacceptable, such as creating a danger to themselves or others, and failure to comply with activity rules is refused, immediate expulsion from the activity may be applied.**

In the event that no resolution can be achieved, the child will be isolated and detained until a parent/guardian or immediate family member can reach the activity location. I do hereby agree to provide immediate transportation home from the activity if such an occurrence involves my child and I accept responsibility for any expenses incurred for said transportation.

This agreement is in effect from \_\_\_\_\_, 20\_\_\_\_ through September 30, 2022  
(print today's date)

\_\_\_\_\_  
Parent/Guardian Signature (if camper is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Parent/Guardian Signature (if required by custody agreement)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Parent/Guardian Name PRINTED

**MEDICATION/ALLERGY LIST**

Medication

Dosage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any food or medicine allergies?  No  Yes (list): \_\_\_\_\_

\_\_\_\_\_

**Anything else you'd like to let us know about your student?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GCA USE ONLY**

Date Form Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Parent/Guardian reached for confirmation:  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_