

## **Consent and Release Form**

Central Peninsula Church,  
Foster City, California

I, \_\_\_\_\_, hereby acknowledge that it is my desire that my child, \_\_\_\_\_, participate in church-sponsored activities involving Central Peninsula Church, including activities on and/or away from the church premises, as well as transportation to and from such activities.

I am voluntarily allowing my child to participate in these activities, including transportation to and from such activities, with knowledge of the dangers involved, and hereby agree to accept any and all risks of injury as a result of such participation and transportation.

As lawful consideration for permitting my child to participate in such activities, including the transportation to and from such activities, I hereby release and discharge Central Peninsula Church, its officers, employees, agents and members of the Board of Elders from all actions, claims or demands I, my child, and the heirs, distributees, guardians, legal representatives or assigns of either of us now have or may hereafter have for any injury or damages resulting from the negligence of other acts, howsoever caused, by such church, offices, employees, agents and Board of Elders, before or during my child's participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and an assumption of risks, and sign it of my own free will.

This Consent and Release from Liability shall remain effective until revoked in writing and delivered to any officer, employee or agent of Central Peninsula Church.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
at \_\_\_\_\_, California.

\_\_\_\_\_  
Your signature as     parent     legal guardian

# Registration and Medical Constant Form for Minors

Central Peninsula Church, Foster City, California

Name: \_\_\_\_\_ Phone H: \_\_\_\_\_ C: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

## Emergency Notification

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phones Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

## Health History

### Allergies

- Drugs
- Asthma
- Hay fever
- Insect Sting
- Other

### Other

- Diabetes
- Cardiac
- Chronic Asthma
- Nervous Disorder
- Epilepsy
- Physical disability
- Emotional disability
- Mental disability
- Seizure disorder
- Other

### Tetanus

Date of last tetanus shot:

\_\_\_\_\_

If you have checked any of the above, please give details: \_\_\_\_\_

Activity Restriction: \_\_\_\_\_

This health history is correct, to the best of my knowledge. I hereby give my permission to the physician, nurse, or dentist selected by Central Peninsula Church to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities.

\_\_\_\_\_  
Your signature as:  parent  legal guardian

\_\_\_\_\_  
Date of Signature