



719 N. Kansas, Weatherford, OK 73096
(580)772-3413
www.ebcweatherford.com

Student (Sponsor) Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
E-mail: _____ Grade Fall 2020: _____
Emergency Contact: _____ Relationship: _____
Phone: _____ Mobile or Home (Circle One) T-shirt Size (Adult) _____
Secondary Emergency Contact: _____ Phone: _____

1. Does student (sponsor) have any known allergies or is student (sponsor) unable to take any medication?
____ Yes ____ No If yes, what? _____
2. Does student (sponsor) presently take any medications regularly? ____ Yes ____ No
If yes, what medications? _____
For what reason? _____
3. List any other medical condition(s) that would be helpful to know: _____

4. Date of last tetanus immunization: _____
5. The above named student (sponsor) has current medical insurance coverage through:
Insurance Company: _____
Name on Insurance Policy: _____ Policy Number: _____
Insurance Company Phone Number: _____ Group Number: _____
Mailing Address for Medical Claims (see back of insurance card): _____
City: _____ State: _____ Zip: _____
6. Does insurance co. require notification prior to emergency health care at a hospital? ____ Yes ____ No

I understand that it is the responsibility of EBC to obtain permission for treatment or to limit student's recreational activities because of a stated medical condition.

Student (Sponsor), _____ will be attending various EMMANUEL BAPTIST CHURCH (EBC) youth sponsored activities during the church year January 1st, 2020 – December 31st, 2020. In the event student (sponsor) should need emergency medical care or attention, the EBC leadership, or any of its agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to student (sponsor) as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided to student (sponsor), student's parents (sponsor) understand(s) that student's (sponsor's) health insurance information will be given to the health care professional and that any expenses not covered by student's (sponsor's) insurance shall be the responsibility of said student's parents (sponsor). Student's parents (sponsor) understand(s) that EBC will not be obligated to pay either the health care professional or student's parents (sponsor) for any medical expenses incurred on behalf of student (sponsor).

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, student (sponsor) agrees that EBC is not responsible for the action of these third party contractors. Student (sponsor) further agrees that EBC is not liable for the actions or activities of students or sponsors participating in events or activities operated by third party contractors.



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I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risk, both known and unknown, even if arising from negligence, and assume full responsibility for my child's (my) participation in or observation of such recreational activity.

In consideration of my child being accepted by EBC for participation in STUDENT MINISTRY TRAVEL AND ACTIVITIES, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby waive, and agree to indemnify and hold harmless EBC, their agents or employees, against any and all cause of action, rights, claims or suits which I or my child may have against EBC or their agents or employees as a result of personal injury to my child, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child (sponsor) are participating in any EBC youth activity, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at EBC youth events and (2) injuries arising from the decision of the leadership of EBC or any of their agents or employees to consent to the provision of emergency medical care to my child.

Authorization and permission is hereby given to EBC to furnish any necessary transportation, food, and lodging for this student (sponsor).

The undersigned agree to hold harmless and indemnify EBC, its directors, employees, and agents, for any liability sustained by EBC as the result of negligent, willful, or intentional acts of said participant, including expenses attendant thereto.

Should it be necessary for the student (sponsor) to return home due to medical reasons, disciplinary action, or otherwise, we (I) assume the responsibility for all transportation costs.

I understand that my child's (sponsor's) image may be included in a video or in photographs that may be made during EBC youth activities. I understand that a promotional or highlight video may be available for distribution. I consent that my child's (sponsor's) image may appear on videos, promotional resources, EBC endorsed websites, etc.

I give authority and permission to EBC and any of their staff or agents to inspect my child's belongings while on EBC youth activities.

I understand that EBC is a place where students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during EBC youth activities.

Student's Signature: _____ Printed Name: _____

Parent or Legal Guardian Signature: _____ Date: _____

Printed Name: _____ Phone#: _____

All students must have a parent or guardian complete and sign this release form. All sponsors must complete and sign this release form.