

WHEATON BIBLE CHURCH CHILDREN'S MINISTRIES

All-Year Participation Form

September 2008 – September 2009

I/We give consent for (print name of minor) _____ to attend any Children's Ministries events being sponsored by Wheaton Bible Church.

In the event that he or she is injured while under the care of Wheaton Bible Church and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the Wheaton Bible Church and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the event and do hereby release the Wheaton Bible Church and its representatives from any liability due to accident or injury incurred by my child.

I/We agree to cover all costs if our student needs to be sent home for disciplinary reasons.

Parent/Guardian Signature _____

Name of Parent/Guardian (print) _____

Student's Name _____

Address _____

City _____ State _____ Zip _____

Telephone at Home () _____

Telephone at Work () _____

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

Email _____

Student's Birthday _____ Grade _____ School _____

Special Medications or Medication Allergies _____

Activities Restriction _____

Family Doctor/Name of Practice _____

Doctor's Phone () _____

Insurance Company _____

Group # _____ Policy # _____

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!