

TOWN & COUNTRY CHRISTIAN CHURCH RELEASE FORM

From November 2005 through October 2006

(Please Print Clearly)

STUDENT OR SPONSOR'S NAME \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_ GRADE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone# \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

(With whom you live)

Name of Parents/Legal Guardians \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

List known allergies \_\_\_\_\_

List medications currently taken \_\_\_\_\_

I, the parent, or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in ALL Town and Country Youth Programs, during the stated period listed above. The child identified on this form understands that all students are expected to abide by the rules and be directly responsible to the T & C Youth Sponsor. T & C Youth Sponsor assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a student to leave. I the Parent or Legal Guardian will assume ALL responsibility for returning my child home.

As a Parent/Legal Guardian or Sponsor, I do release and hereby agree to hold blameless Town and Country Christian Church and its employees and agents from any and every claim arising, for which may be asserted by me or by any member of my family for any reason for participating in any and all activities associated with T & C programs. I also release the lessor of properties (colleges) on which the Program is held.

Further, I do authorize the minister or sponsor of this activity or any Town & Country staff member, in the event I cannot be reached by phone, to give consent to a physician and / or hospital for emergency medical or surgical treatment while on this and all other trips. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I give Town & Country permission to use photo and video taken at any Program in promotional materials.

It is here certified that said CHILD OR SPONSOR is covered by adequate accident insurance.

Parent/Guardian gives their consent by signing this form in area below.

I the Parent/Guardian or Sponsor have read and agree to the information given in this entire form.

Signature of Parent / Legal Guardian \_\_\_\_\_

Person to notify in event you cannot be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_

This form must be presented at registration for ALL ADULTS AND YOUTH  
Attending T & C Programs (Sorry, NO EXCEPTIONS)

T & C CANNOT ALLOW ANYONE TO ATTEND WITHOUT THIS FORM