

**PARENTAL CONSENT, CERTIFICATION AND MEDICAL AUTHORIZATION
FOR STUDENT MINISTRY ACTIVITIES OF CENTRAL CHRISTIAN CHURCH
\$1000 CHALLENGE**

As the parent (or legal guardian) of _____, I certify that I have been informed that, as a part of Central Christian Church's Student Ministry, my child will be participating in the **\$1000 Challenge** which carries a certain degree of risk.

SPECIFIC INFORMATION: (Please Print Clearly)

Gender: M F

Students Name: _____

DOB: ____/____/____ Grade : _____

Emergency Contact Name: _____ Relation: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

HEALTHCARE INFORMATION:

Physician's Name: _____ Phone: _____

Medical Insurance Provider: _____

Subscriber/Policy Number: _____

Member Services Phone Number: _____

MEDICAL RELEASE:

I, the parent/guardian of child registered above, understand that my child is responsible for knowing the rules and regulations made by the church and sponsors of this activity. It is expressly understood by the parents or guardians for whom this registration is made, the said child is in a condition of health that warrants his or her participation in this event, and that the adult leader of this activity is hereby granted permission to take the named youth to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said activity. In consideration of their acceptance for said activity, said church, its agents, and employees are hereby released and relieved from all liability and injury to said child arising from any and all activities of this event.

SIGNATURE: _____ DATE: _____

PHOTO RELEASE:

It is my understanding that the church may take digital pictures of my child, and I understand that the church may publish those pictures on the church web site, or may use them in power point presentations.

SIGNATURE: _____ DATE: _____