



COMMUNITY CHURCH

(Please print in ink)

Well Student Ministry
Treatment & Liability Release Form 2024

Name _____ Date of birth _____
Address _____ Age _____
City _____ State _____ Zip _____
Phone # (____) _____ Sex _____ Height _____ Weight _____

Emergency Contact Person:

Parent/Guardian Name _____
Address (if different from above) _____
City _____ State _____ Zip _____
Phone # (Home) (____) _____ (Work) (____) _____

Alternate Contact Person: (Use someone near the primary contact)

Name _____
Phone # (Home) (____) _____ (Work) (____) _____

Insurance:

If you have any medical insurance, your carrier will be billed for medical charges in the case of illness or injury while you are participating with Living Water Community Church.

Do you have health insurance? ____ Yes ____ No

Name of insurance company _____

Policy # _____ Group # _____

In whose name is the insurance? _____

Family Doctor _____ City/Town _____ Phone # _____

*If your child should require medical attention for injuries received or illnesses contracted prior to attending the youth activity, please send us the necessary information to give your child proper medical care during his/her time on the youth activity.

Health History:

Any pre-existing or present medical conditions:

Name and dosage of any medications that must be taken: _____

Any allergies? _____

Please list and explain any major illnesses the child experienced during the last year:

Date of last Tetanus shot _____ Contact Lenses? _____ Blood Type _____

Any activity restrictions? ____ Yes ____ No What? _____

206 Oakleigh Avenue
Harrisburg, PA 17111
717.564.5003
www.LivingWaterCC.com
information@livingwatercc.com

Every student is expected to conform to these rules of conduct while on Youth Activities:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Participation with the group is expected
- Respect church property and property of others
- Respect Boundaries. No PDA (public display of affection) and remain with group.
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules – Departure times, itineraries etc.....
- No electronic devices that prevent group interaction are allowed on trips or at events. Phones may be used to call parents only and are to be used when given free time. Phone usage is to be at the discretion of the trip leaders.

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

By signing this release form, we the below named guardians give our full permission for our child to participate in **2024 Student Activities** sponsored by Living Water Community Church, Harrisburg, PA.

In event my child (name) _____ of whom I am the legal guardian, is ill or injured and needs evaluation or treatment, I give my permission for the above named child to be treated at the closest available hospital (or other health care facility/services as required). In the event I am not able to accompany my child to the hospital, I give my permission for his/or/her treatment as needed. In addition, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Living Water Community Church, Inc, and any of its employees or agents representing or related to the church as regards to participation of my child(ren) in the Student Activities. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for these events. The undersigned further agrees to abide by all the rules and regulations determined by Living Water in regard to all Student Activities. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member. The undersigned does hereby also give permission for any photos/videos of my child to be used in promotional materials understanding that no names or personal information will be used.

Parent/Guardian Signature _____ Date _____

Signature of Student (if 18 years of age or older)