GRACE COMMUNITY CHURCH
STUDENT ACTIVITY RELEASE FORM

Fusion Student Ministries
4501 Hedgcoxe RD ~ Plano, TX 75070
972 - 335 - 3112 ~ www.gracefusion.com

Please print in ink

Name: _____ Age: _____ Birthday: _____
LAST FIRST MIDDLE

Grade: _____ ❑ Male ❑ Female Email: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone #: _____ Student's Cell #: _____

Emergency Contact: _____ Home #:_____ Work #:_____

Medical insurance company: _____ Policy #: _____

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No offensive or immodest clothing
- Respect property
- Respect and comply with event schedules
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- No fighting, weapons, fireworks, lighters, or explosives
- Participation with the group is expected
- Respect one another, staff, and adult leaders

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

I, the student, have read the rules of conduct and have permission to participate in this student ministry event. I agree to abide by the stated code of conduct.

Student's signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, water blob, water slides, water zip line, basketball, rock climbing, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. I also give Grace Community Church permission to post appropriate photos of my child's participation at this event on fliers, webpage, video and/or other church related sources. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church student pastor prior to that event.*

_____ has my permission to attend _____
NAME OF STUDENT EVENT

sponsored by **Grace Community Church on/from** _____
DATE OF TRIP

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named student.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Grace Community Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Grace Community Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Grace Community Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. 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.

Parent/guardian signature: _____ Date: _____

Payment:_____