

CALVARY CHAPEL SCHOOLS RELEASE FORM

ACTIVITY/PROGRAM: _____ PROGRAM LEADER: _____

STUDENT INFORMATION

(If you have multiple children participating in the same program, you can include all of them on this form.)

Last Name: _____ First Name: _____

Male or Female: _____ Date of Birth: _____ Grade (in 9/20 22): _____

Last Name: _____ First Name: _____

Male or Female: _____ Date of Birth: _____ Grade (in 9/20 22): _____

Last Name: _____ First Name: _____

Male or Female: _____ Date of Birth: _____ Grade (in 9/20 22): _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian #1: _____ Lives with Student? Yes ☐ No ☐

Primary Phone: _____ Email: _____

Home Address: _____

Employer's Name & Phone: _____

Name of Parent/Guardian #2: _____ Lives with Student? Yes ☐ No ☐

Primary Phone: _____ Email: _____

Home Address: _____

Employer's Name & Phone: _____

ADDITIONAL PERSON WHO MAY SIGN OUT/PICK UP CHILD

Name of Person #1: _____

Primary Phone: _____ Relationship to Student: _____

MEDICAL & INSURANCE INFORMATION

Primary Doctor's Name: _____

Primary Doctor's Phone: _____ Primary Hospital: _____

Insurance Provider: _____

Insured's Name: _____ Policy/Member Number: _____

Does your child have any medical condition or allergy of which the staff needs to be aware? YES ☐ NO ☐

If yes, then please explain: _____

Please list any medication (including non-prescription) that your child takes regularly: _____

PARTICIPATION AGREEMENT: I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In consideration for the opportunity to participate in the activity described above (Calvary Chapel Schools Summer Programs), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by Calvary Chapel Schools or its agents, employees, volunteers, or any other representatives (collectively referred to as Calvary Chapel Schools). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Calvary Chapel Schools for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of Calvary Chapel Schools, the participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and Calvary Chapel Schools cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

EMERGENCY PERMISSION: I/we the parents/guardians, do hereby authorize officials of Calvary Chapel Schools to contact directly the persons named on this card, and do authorize the named physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of the child. In the event the physician(s), other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

AUTHORIZATION AND CONSENT TO TREATMENT OF MINOR: I/we the parents/guardians do hereby authorize Calvary Chapel Schools as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given in advance to provide authority and power on the part of the aforesaid agents. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. Authorization is hereby given to school personnel to administer first-aid treatment during school activities or to call the paramedics, or rescue squad, as deemed necessary.

PHOTOGRAPHY RELEASE/HANDBOOK AGREEMENT: I/we the parents/guardians do hereby give permission to Calvary Chapel Schools to use my child's picture, image, or likeness on all Calvary Chapel Schools publications, including school websites and media presentations. I/we the parents/guardians, agree to follow all pertinent school policies, including those relating to procedures and discipline which are outlined in the parent/student handbook. The handbook can be found at www.calvaryschools.org. Parents are responsible to keep the office informed of any change of address, phone numbers, employer information, and emergency contacts

Parent or Guardian Signature _____ Date _____

Parent or Guardian Printed Name _____