

(COMPLETE & RETURN THIS FORM TO US)

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SEEK/ECHO Youth Ministry

West End Assembly of God
401 Parham Road * Richmond, Virginia 23229 * 804.754.0705



PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION 2010
GENERAL INFORMATION (PLEASE PRINT)

Youth's Name _____ Date of Birth _____
Father's Name _____ Work Phone _____ Cell Phone _____
Mother's Name _____ Work Phone _____ Cell Phone _____
Legal Guardian's Name _____ Work Phone _____ Cell Phone _____
Youth's Address _____
City _____ Zip Code _____
Home Phone No. _____
Family Doctor _____ Phone No. _____

MEDICAL QUESTIONNAIRE (PLEASE PRINT)

• Is your youth presently being treated for an injury or sickness or taking any form of medication for any reason? ___YES ___NO

If Yes, please explain _____

• Is your youth allergic to any type of medication? ___YES ___NO

If Yes, Please explain _____

• Does your youth require a special diet? ___YES ___NO

If Yes, Please explain _____

• Does your youth have (or has ever had) any of the following: (circle and explain below)

Seizure Disorders Asthma Heart Murmur

Diabetes Hay Fever Kidney Disease

• Does your youth have any allergies other than medical? ___YES ___NO

If Yes, Please explain _____

• Does your youth ever sleep walk? ___YES ___NO

• Can your youth swim? ___YES ___NO

If Yes, How Well ___ Fair ___ Good ___ Very Well

• Does your youth have any physical handicap or illness that would prevent him or her from participating in normal rigorous activity? ___YES ___NO

If Yes, Please explain _____

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**PARENTAL CERTIFICATION, CONSENT AND RELEASE FORM AND
CONSENT FOR MEDICAL TREATMENT OF MINOR**

I, _____ am the parent or legal guardian of (print minor's name)
_____ who was born on _____.

I warrant that I possess all the rights, power and privileges of a parent or legal guardian necessary to execute this legal instrument with binding legal effect.

As a parent or legal guardian of (print minor's name) _____, I certify and affirm that I have been completely and thoroughly informed that as a youth attending West End Assembly of God, my child will participate in certain activities which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

- | | |
|--|---|
| 1. physical activities, both indoors and outdoors; | 6. activities around water, including swimming/boating; |
| 2. sports, both informal and organized; | 7. hiking, camping and |
| 3. use of recreational equipment; | 8. construction and maintenance projects. |
| 4. field trips, both on and off campus; | |
| 5. travel by automobile; | |

I acknowledge and understand that West End Assembly of God may offer other activities not listed above that present similar risks or dangers to my child.

I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL CERTIFICATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

I acknowledge and agree that West End Assembly shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that results in injury, death, or any other damages to my child, me, or my family, heirs, or assigns. In consideration of my child being allowed to participate in these activities, on behalf of my child, I hereby personally assume all risk in connection with said activities, for any harm, injury, or damage that may befall my child, me, or my family, heirs, or assigns while engaged in such activities.

I further acknowledge and agree that my signature on this PARENTAL CERTIFICATION, CONSENT AND RELEASE shall constitute a bar to any recovery by my child, me, or my family, heirs, or assigns in all suits and actions that may be instituted against West End Assembly of God, its agents, servants or employees for injuries or death to my child, whether or not same resulted from the negligence of West End Assembly, its agents, servants, or employees, or due to the negligence of my child, or due to the risks ordinarily incident to my child's participation in these activities, or due to the contributory negligence of my child.

I consent to the examination or treatment of my child by a physician duly licensed to practice medicine or any health care services for medical care and services deemed necessary by West End Assembly of God, its agents, servants, and employees. I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion to be necessary.

I understand and acknowledge that my permission and consent is sufficient for this purpose. I represent to West End Assembly of God that law requires no permission or consent from any other person.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I have fully informed myself of the contents of this PARENTAL CERTIFICATION, CONSENT AND RELEASE by reading it before I signed it. It is my intention by signing this document to exempt and release West End Assembly from all liability whatsoever for personal injury, property damage or wrongful death caused by negligence.

Signature of Parent or guardian

Dated

Print or type name