

2017-18

COUNTRYSIDE COMMUNITY CHURCH
8787 Pacific St, Omaha, NE 68114
STUDENT REGISTRATION & RELEASE FORM
Effective June 1, 2017 through September 30, 2018

STUDENT INFO

Student's Name (First MI Last) _____ Gender _____ Date of Birth _____
Address _____ Zip Code _____
Age _____ Grade _____ E-mail _____
Home Phone _____ Cell Phone _____ Social Security # (optional) _____
Siblings (Names/Ages) _____

CONTACT INFO

Parent/Legal Guardian's Name _____ Zip Code _____
Address _____
Work Phone _____ Home Phone _____ Cell Phone _____
Work E-mail _____ # Home E-mail _____
\$ Check the PRIMARY e-mail address
Parent/Legal Guardian's Name _____ Zip Code _____
Address _____
Work Phone _____ Home Phone _____ Cell Phone _____
Work E-mail _____ # Home E-mail _____
\$ Check the PRIMARY e-mail address
Emergency Contact Name (if parent/legal guardian cannot be reached) _____
Relationship to Student _____ Phone _____

INSURANCE

Medical Insurance Company _____
Name of Policy Holder _____
Policy Number or Group Number _____ Insurance Company Phone (____) _____
RX ID Number _____ RX Group Number _____

MEDICAL

Please list and explain ALL health problems or chronic medical conditions. (If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which the student is subject and of which the staff should be aware and what, if any, action or protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medication and dosages that must be taken.)

List and explain ALL major illnesses the student experienced during the last year:

List ALL medications taken on a regular basis:

List ALL known allergies (food, animal, drug, etc.):

Does the student wear: (check all that apply) # Glasses # Contacts

Should the student's activities be restricted for any reason? # YES # NO

Explain: _____

Date of last immunization: Tetanus _____ Polio _____ MMR _____ DP/T _____ Hepatitis B _____

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

Continued on Reverse

CODE OF CONDUCT

Countryside Community Church expects each student who participates programming to conform to the following code of conduct:

Students who participate in programs shall NOT:

- Drive without proper authorization;
- Possess or use alcohol, drugs, tobacco or pornography;
- Possess weapons, fireworks, lighters, etc.;
- Use profanity or act inappropriately;
- Engage in fighting or bullying;
- Wear offensive or immodest clothing;
- Enter sleeping quarters of the opposite sex during excursions that involve overnight stays.

Students who participate in programs SHALL:

- Engage/participate in group discussions, activities, etc.;
- Respect the property of the Church and all other individuals and/or organizations involved;
- Respect one another, staff and adult volunteers;
- Respect and comply with event schedules.

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

I, the student, have read the code of conduct. I agree to abide by the stated personal limitations and code of conduct.

Student signature _____ Date signed _____

PARENTAL CONSENT

Student Name: _____ has my/our permission to attend all activities sponsored by Countryside Community Church from June 1, 2017 to September 30, 2018.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases Countryside Community Church (hereinafter "CCC") and its staff from any liability for any personal losses of named student. I / We, the undersigned, have legal custody of the student named above and have given our consent for him / her to attend events organized by CCC. By my signature, I / we acknowledge:

- " I / We are aware that activities may include participation in sporting / recreational events. (Note: if you desire to limit your student's participation in any event, please submit your wishes in writing to the CCC Director of Music Ministries or Director of Youth Ministry prior to that event.) I / We give permission for the above named student to be transported to and / or from church-sponsored events and church-approved meetings by: (A.) church provided transportation (cars, vans, buses, planes) and / or (B.) adult driven transportation for which there may be only one adult in the vehicle (CCC staff and adult volunteers will be the driver of these vehicles). I / We also understand that my / our student may have one-on-one meetings with CCC staff and / or may stay in sleeping quarters supervised by one adult during overnight outings. I / We give permission for any videos or photographs taken of the above named student to be used on the CCC web site, in CCC publications and / or for other uses to be determined by CCC staff.
- " In the event that the above named student is injured or should require medical or dental attention while participating in church-sponsored events, I / We authorize the church representatives or sponsors of the event to secure necessary medical treatment for the above named student. I / We acknowledge that I / 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. I / We affirm that the health insurance information provided on this form 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 further understand that it is solely our responsibility to notify the CCC Youth Staff of any changes regarding the above named student's contact, health, medical insurance or guardianship information. I / We release, waive, discharge, and covenant not to sue CCC its staff, volunteers, agents and / or governing bodies, for any action or causes of action, including but not limited to, personal injury, property damage, or wrongful death, which may exist or which may hereafter arise during and following the participation of the above named student in a church-sponsored event occurring between the dates listed on this form. I / We further understand and agree that in the event that the above named student is involved in activities that violate or compromise the rules, policies, or purposes of CCC, I / we will accept full responsibility for removal and release of the above named student to my / our custody and care. I / We further understand that I / we will cover all financial costs if the above named student is sent home for disciplinary reasons.
- " I / We have read and understand this form and all information provided is true and correct. Unless terminated in writing, this release shall be in effect from June 1, 2017 through September 30, 2018.

Signature of Parent / Legal Guardian

Date