



Mailing Address: 603 Seagaze Dr., #986, Oceanside, CA 92054  
 Meeting Place (Sundays): 4183 Avenida de la Plata, Oceanside, CA 92056  
 Office: 760-583-0120  
 Website: [www.ChristRedeemedUs.org](http://www.ChristRedeemedUs.org)  
 Email: [info@ChristRedeemedUs.org](mailto:info@ChristRedeemedUs.org)

**Youth Annual Activity Permission Form, 2017-2018 School Year**

**Redeemer Bible Church of Oceanside - California**

**Supervising Sponsor: RBC Student Ministries**

The form below grants the permission of the undersigned to participate in Redeemer Bible Church of Oceanside - California Student Ministry events where he/she is driven in a vehicle by someone other than his/her own parent or guardian. This form is effective from **October 1, 2017 through September 30, 2018**. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the participant, or parents/guardians of the participant. Insurance afforded by Redeemer Bible Church of Oceanside - California is an excess insurance, over any and all valid and collectible insurance coverage available to or for such person, as expressly named.

**Parent or Guardian Information**

**Father's / Male Guardian's Name (please print clearly):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Home Church: \_\_\_\_\_

Attend: Regularly \_\_\_\_ Occasionally \_\_\_\_

**Mother's / Female Guardian's Name (please print clearly):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Home Church: \_\_\_\_\_

Attend: Regularly \_\_\_\_ Occasionally \_\_\_\_

**PARTICIPANT INFORMATION (Please print clearly)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_ Grade: \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Home Church: \_\_\_\_\_

Attend: Regularly \_\_\_\_ Occasionally \_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list any allergies, current medications, or special medical problems we need to be aware of:

\_\_\_\_\_

Activity Restrictions:

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Emergency Contact (other than Parents or Guardian):

Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**Photography Release Information**

I, on behalf of myself and the other parent(s) and guardians of the above-named minor, do hereby consent to having my child photographed or filmed for potential use in Redeemer Bible Church of Oceanside - California promotional materials, without compensation, understanding that all media become property of Redeemer Bible Church of Oceanside - California. I understand that my child will not be identified by name in such promotional material without written consent from me.

**PHOTOGRAPHY RELEASE\***

I Agree

I Disagree

\*Photography consent is optional. Checking "I Disagree" will not disqualify your child from participating in this program.

**Parent / Guardian Permission**

Signing below grants the permission of the undersigned to participate in Redeemer Bible Church of Oceanside - California Student Ministry events where he/she is driven in a vehicle by someone other than his/her own parent or guardian. This form is effective from **October 1, 2017 through September 30, 2018**. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the participant, or parents/guardians of the participant. Insurance afforded by Redeemer Bible Church of Oceanside - California is an excess insurance, over any and all valid and collectible insurance coverage available to or for such person, as expressly named above.

**Hazard Disclaimer**

Some Student Ministry activities, such as team games and leisure sports, include certain inherent risks despite the reasonable safety precautions taken to provide a safe environment. Some of these activities occur outdoors, so exposure to sun, wind, insects, and pollen may be involved.

**Liability Release**

By signing below, I authorize the participation of the above-named minor in the activities of Redeemer Bible Church of Oceanside - California (the Church). In consideration of the Church providing these activities, I, on behalf of myself and the other parent(s) and guardians of the above-named minor, do hereby release Redeemer Bible Church of Oceanside - California, its officers, employees and agents from all claims and causes of action by reason of any injury which may be sustained as a result of these activities, whether on or off the Church premises, or on the way to and from these activities. I agree to instruct my child to cooperate with and conform to directions and instructions of the employees and/or agents of the Church in charge of these activities. I have read, understood and consent to all parts of this Liability Release Form.

**Medical Release**

By checking "I agree" below, I give permission to the physician, nurse, or dentist selected by Redeemer Bible Church of Oceanside - California (the Church), to secure medical or dental aid as required for illness or injury, including transportation to and from the necessary facilities, for the above-named minor. I understand that the Church is not obligated to carry any insurance to cover such medical and/or dental expenses. If such insurance is carried, coverage will be provided only for expenses in excess of the limits of the participant's insurance. I understand that my personal insurance is my primary coverage.

I Agree

I Disagree

Print Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_