

# Jacob's Well Youth Ministries Information & Waiver Sheet

<b>youth information</b>		name:	birth date:
school:		grade	
home address:			
city, state:		zip:	
student email:			
student cell: (    )		carrier:	
emergency contact (if parent/guardian cannot be contacted):			
relationship:	cell phone: (    )	home phone: (    )	
medical conditions:	insurance provider:	allergies:	
	policy #:	medications:	
	physician:	physician phone: (    )	
<b>parent information</b>		mom:	dad:
address (if different):			
home phone:			
mom cell: (    )		dad cell: (    )	
mom email:		dad email:	
<b>responsibility agreement</b>		<b>authorization &amp; release</b>	
<p>I understand that all Jacob's Well activities, events and trips are alcohol free, smoke free and drug free and are governed by generally accepted rules of conduct and behavior.</p> <p>1) I hereby agree to be held liable for my child's actions and release Jacob's Well from any liability for my child's actions in the event that such actions or behavior cause damage or injury to property or person.</p> <p>2) I acknowledge that Jacob's Well reserves the right to send my child home from any activity, event, or trip in which my child has violated the rules of conduct including, but not limited to: drugs, alcohol, weapons, and/or blatant disrespect for authority. <u>I agree to be financially liable for the cost of travel, accommodations and other expenses that may be incurred as a result of my child being sent home from an activity, event or trip.</u> I have read and discussed this policy with my child.</p>		<p>In the event medical treatment is required, I understand every effort will be made to contact me (us) by telephone. I (we) hereby give permission to a physician to hospitalize, secure proper treatment for, administer anesthesia or perform surgery for the student listed on this form. This medical treatment authorization is good for Jacob's Well Church Youth Ministry events. I (we) agree to indemnify and hold Jacob's Well, its paid and volunteer staff, harmless for personal injuries to others or property damage which result from my (our) son's/ daughter's participation in the course of activities for all events now until he/she enters adulthood. Jacob's Well Church assumes no responsibility for personal items. I (we) give permission for the use of photographs that include my son/ daughter to be used in church publicity.</p>	
parent signature:		parent signature:	
date:		date:	