

**College Church in Wheaton Children's Ministries
All-Year Participation Form**

May 2009 to May 2010***

(This form does not supersede nor take the place of any church policy.)



College Church in Wheaton, "CCIW" welcomes your child's participation in the Children's Ministries Program. It is necessary, however, for CCIW to have an understanding with you regarding CCIW's responsibility in the event of accident or illness, involving any participant participating in this Children's Ministries Program.

We, therefore, ask you to agree to the following terms and conditions:

I, as a responsible parent or guardian of (print student's name) _____, give consent for him/her to attend any Children's Ministries being sponsored by College Church in Wheaton, and for myself agree as follows:

1. The Children's Ministries participant and his/her parent or guardian agree to abide by the rules and regulations established by CCIW for the health, safety, and welfare of the Children's Ministries participants.
2. CCIW shall not be responsible for articles of clothing, personal effects, or other belongings that are lost or damaged by fire, theft, other Children's Ministries participants, or staff.
3. CCIW reserves the right to dismiss any Children's Ministries participant whose conduct is deemed, as determined by the Children's Ministries staff, as being detrimental to other children, staff, or any aspect of the Children's Ministries involvement.
4. CCIW reserves the right to cancel the attendance of any Children's Ministries participant if that Children's Ministries participant is found by Children's Ministries staff to exhibit any physical or emotional behavior which would impede their ability to fully participate in Children's Ministries activities.
5. CCIW reserves the right to use any Children's Ministries participant in any promotional photographs or other materials or activities produced in conjunction with CCIW Children's Ministries Program. The use of any Children's Ministries participant by CCIW in connection with any aforementioned promotional activity shall not entitle the Children's Ministries participant to compensation from CCIW.
6. I understand and acknowledge that my child's participation in the CCIW Children's Ministries carries a risk of injury. I hereby agree to release and hold harmless the CCIW and any officers, directors, employees and/or agents of CCIW from any claims, costs, expenses (including attorney's fees) and/or damages arising out of my child's participation in the CCIW Children's Ministries.
7. I understand that CCIW does not provide accident or dental insurance and that I shall be responsible for any and all medical bills should my child sustain an injury in conjunction with their participation in the Children's Ministries.
8. In the event that I cannot be reached in any emergency, I hereby grant permission to the physician selected by CCIW to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.
9. I understand that I, or my minor, may be traveling in 12 passenger or 15 passenger vans or in privately owned vehicles.

I have read the above and agree to all the terms of this agreement including but not limited to that portion which limits the responsibility of College Church in Wheaton for any injuries sustained by my child as a result of participation in the CCIW Children's Ministries.

Parent /Guardian signature: _____ Date: _____

Name of Parent/Guardian (print) _____

Student's Name _____

Address _____

City _____ State _____ Zip _____

Telephone at Home () _____

Telephone at Work () _____

Other phone (specify cellular/pager, etc.) () _____
() _____

Email _____

Student's Birthday _____ Grade _____ School _____

*Special Medications or Allergies _____

Family Doctor/Name of Practice _____

Doctor's Phone () _____

Insurance Company _____

Group# _____ Policy# _____

Those in charge will take every possible safety precaution and every possible attempt will be made to contact parents or guardians immediately in the event of injury or other emergency.

* Please keep a copy of this form for your records. If any medications change, please notify us immediately.