

Event Permission Form
September 1 2018- August 31, 2019

HOPE CITY CHURCH
STUDENT MINISTRIES

Student's Name _____ M / F Grade _____

Student's Address _____

_____ Street _____ City _____ zip code _____

Parent's Name _____

Parent's Phone # _____ Parent's Email _____

Student's Insurance Policy # _____ Group # _____

Insurance Carrier _____

Student's Doctor _____ Doctor's Phone # _____

Allergies _____

Medical Conditions/ Recent Illnesses _____

_____ (insert student name) has my permission to participate in any and all events sponsored by Hope CityChurch.

I also certify that photographs or videos of my student participating in any Hope City Church sponsored program and/or activity may be reproduced and utilized in promotional materials for the church. I understand that Hope City Church will not release my student's name or other personal information.

I further give my permission for Hope City Church, its employees and volunteers to obtain any medical care deemed necessary for my child by an accredited physician, nurse or hospital. If I cannot be reached in the event of an emergency, please contact the following person:

Name _____ Phone # _____

I/we also agree to hold harmless, indemnify and defend Hope City Church, its employees and volunteers against injury, claim or action that may arise on behalf of my son or daughter other than for the willful or reckless misconduct of Hope City Church, its employees or volunteers. The parent(s) and/ or guardian(s) understands and agrees that this Registration Form is of a continuing nature and shall be interpreted in its broadest form to permit the students to participate in all student activities sponsored by Hope City Church, including, but not limited to, transportation. The parent(s) and/ or guardian(s) may rescind this Registration Form at any time but said rescission shall be effective only upon receipt by Hope City Church of the parent(s) and / or guardian(s) rescission in writing. Please direct any such written communications to Hope City Church.

Parent/Guardian Signature _____

_____ Date