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ANNUAL REGISTRATION/WAIVER FORM

2023-2024 Youth Ministry Activities & Trips!

September 2023 through September 2024

**Name of Participant** (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov.\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_ Participant’s Cell (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of Participant \_\_\_\_ Birth Date (m/d/y)\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Grade for 2023-2024 school year\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary contact:** parent/legal guardian (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Email Address** communications are best sent to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary contact:** parent/legal guardian (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Functions and Activities**

It is my understanding that participating in the programs and recreational and other activities of CHAMPION CITY CHURCH is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability (for the above name participant or myself if I am participating)**

By signing this Permission/Waiver Form, I expressly warrant that the participant named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of participating in the activities, whether such risks are known or unknown to me at this time. I further release CHAMPION CITY CHURCH and its ministers, leaders, employees, volunteers, and agents from any claim that the above-named participant may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the participants’ or my family or estate, heirs, representatives, or assigns may have against CHAMPION CITY CHURCH or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless CHAMPION CITY CHURCH and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of the above-named participant during such activities.

**Special Events and Field Trips**

I understand that the participant named above, or I, will be participating in various activities at CHAMPION CITY CHURCH and in the regional area during the **2023-2024 ministry year.** I understand that during this period my student/ward, or I, if I am an adult participant, may take part in activities such as: Bible studies, ski trips, discussion groups, concerts, worship services, group songs, games of skill and experience, drama, Youth gatherings and retreats, service projects, swimming, overnight lodging with other youth and adults (in hotels, homes, cabins, or camping structures), transportation to outside events at other locales and establishments, and other activities consistent with the purposes of the church’s youth ministry.

**Correspondence Permission**

Champion City Church utilizes texts, social media & email for communication to parents. By signing below, I give permission to CHAMPION CITY CHURCH to send me correspondence including scheduling, updates & pertinent information. CCC will not distribute/sell your addresses to any other third-party organizations.

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the participant named above, or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. If I am unavailable to attend personally to the situation, I do hereby give permission for agents of CHAMPION CITY CHURCH to seek and secure any needed medical attention or treatment for the participant named above, or me, if I am a participant, including hospitalization, if in the agent’s opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. Furthermore, unless stated otherwise in the area of Medical History, I give the adult leaders permission to dispense over-the-counter medications (i.e. ibuprofen, acetaminophen, antacids, topical ointments, etc.) to the above named participant if needed.

**Medical History of Participant**

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Number of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts:** Name of persons and telephone numbers to call in case of emergency:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Swimming Ability**

\_\_\_\_\_\_ Non-swimmer \_\_\_\_\_\_ Beginner (can swim for several min in deep water)

\_\_\_\_\_\_ Moderate (can swim several lengths of pool) \_\_\_\_\_\_ Advanced (capable of swimming long distances)

**Other Information** (emotional, mental, or behavioral concerns/limitations we should be aware of)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photo Release**

I give permission & consent to allow images/interviews of the above mentioned to be taken during Champion City Church youth sanctioned events & such may be used to promote CCC Youth Group or CCC.

**Parent/Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR USE BY PARENTS OF A MINOR**

I represent that I am the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of CHAMPION CITY CHURCH, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of CHAMPION CITY CHURCH, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Legal Guardian Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent or Legal Guardian

**Participant’s Agreement – YOUTH MUST SIGN**

I agree to participate in the functions and activities of Champion City Church, to cooperate with the leaders and other participants, and to conduct myself as a Christian, in a way that honours Biblical standards of behaviour. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church-sponsored youth activities depends on my support of this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

**Youth Group Adult Volunteers and CCC Employees** As an adult volunteer or Champion City Church employee, I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own participation in functions, activities, special events, and field trips. **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**