



registration form

(One per child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (____) _____

Parent/caregiver's cellphone: (____) _____

Home email address: _____

Home church: _____

Allergies, medical conditions, or special needs: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Crew number or name (for church use only): _____

Covenant Generations Church

651 S. Kolb, Tucson, AZ 85716
520-861-0303

RELEASE FORM DEFY TUCSON
RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE.
THIS IS A LEGALLY BINDING AGREEMENT.

Child's Full Name

I HEREBY AGREE AS FOLLOWS (

This agreement waives any right I have, or may have in the future to sue Covenant Generations Church, Inc., its officers, agents, employees or volunteers for any loss, damage, expense or injury to my son/daughter/self, including death, arising out of participation in activities involving Covenant Generations Church and my child's participation in SCUBA VBS due to any cause whatsoever, including negligence. _____ (initial)

I will indemnify and hold Covenant Generations Church harmless for liability for property damage or personal injury including death. _____(initial)

I will indemnify and hold Covenant Generations Church harmless for attorneys' fees, cost or expenses it may incur in enforcing this agreement or that relate in any way to activities with Covenant Generations Church. _____(initial)

I will indemnify and hold Covenant Generations Church harmless in any legal action by a third party as a result of participation with Covenant Generations Church and my child's participation in SCUBA VBS _____(initial)

I have adequate insurance to cover any injury or damage caused or suffered as a result of _____ participation with Covenant Generations Church and my child's participation in SCUBA VBS and/or accept all financial responsibility for ay injury or damage. _____(initial)

_____ has my permission to participate in the Covenant Generations Church and my child's participation in SCUBA VBS. I am aware that the above named son/daughter/ward will be responsible for obeying all rules and responsibilities required of them. _____(initial)

I acknowledge that gross violation of rules and responsibilities will result in my son/daughter/ward being sent home at our own expense. _____(initial)

Parent or Legal Guardian Signature

Date

Home Phone

Emergency Phone

CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR

Minor's Name

The undersigned authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician of hospital for above named son/daughter if we cannot be reached in case of an emergency.

Our consent includes, but is not limited to, administration of necessary anesthetics, medical treatment, tests, x-ray examinations, transfusions, injections, or drugs and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to any such physician to exercise his/her discretion in authorizing the disposal of any severed tissue or member.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. This authorization shall remain in effect until revoked in writing by the undersigned, with notice to the treating physician and hospital, or until the undersigned void their signatures hereon.

Parent or Legal Guardian Signature

Does your child have any allergies? Yes No

If so what?

Health Insurance Information

Provider

Name Under

Group No.

Policy No.