



13235 Kluge Road
Cypress, TX 77429

MEDICAL / LIABILITY RELEASE FORM
(Must be signed by Parent or Guardian)

Student's Name _____ Male Female Age _____ Date of Birth _____

Parent or Guardian _____

Address _____ City _____ State _____ Zip _____

Email address: _____ Home Phone # _____ Work Phone # _____

Alternate Person to Contact _____ Phone # _____

Are there any disabilities that would limit the student's activities? **No** **Yes**

If yes, please describe _____

Is the student currently taking any prescription drugs? **No** **Yes**

If yes, please list _____

List all known allergies: _____

PARENT / GUARDIAN AUTHORIZATION

As a parent/guardian, I understand that my son/daughter will be under the supervision of the adult sponsors of Connections Church. I give my full permission for him/her to attend _____.
Every event of Connections Church, ConnectKidz or OneWay Youth Ministry is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in _____. They also agree not to hold Connections Church, its employees, or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

REQUEST FOR INSURANCE INFORMATION

In the event that your child becomes ill, or is injured while participating, Connections Church requests that you provide the following information:

Name (of insured) _____ Relation to Patient _____

Employer's Name _____ Employer's Phone Number _____

Employer's Address _____ City _____ State _____ Zip _____

Insurance Co. Name _____ Phone # _____

Group Name (usually employer's name) _____ Group# _____

Subscriber's ID # _____