



ORCHARD KIDS & YOUTH

2018-19 REGISTRATION

Kids first & last Name Gender Birthday Grade School

M / F

M / F

M / F

M / F

M / F

Parent/Guardian Name email cell#

Home address

**Please include Best Mailing Address
if different than home address.**

**Please list any allergies, important health information or anything else that
would be helpful to know about your kid(s).**



ANNUAL PERMISSION and MEDICAL AUTHORIZATION

September 1, 2018 to August 31, 2019

All children & Youth listed have my permission to attend and participate in Orchard Community Church (Orchard) Children's & Youth Ministry activities that are located at Orchard Community Church. Students Grades 6th – 12th have my permission to travel to, attend and participate in Orchard Community Church (Orchard) Youth Group activities that are 1) located within one hour driving time of the church, and 2) to not exceeding 12 hours. _____ (initials required)

Photo Release: By initialing here you give permission for Orchard to freely use photographs of your child in Orchard Publications and to be posted on any or all of Orchard's Social Media sites. _____ (initials required)

Medical Treatment Consent and Liability Release Form For Minors

It is my desire that my child/ward participate in the activities of Orchard, therefore:

I, the parent/guardian of:

_____, _____,
_____, _____,
_____, _____,

do hereby authorize the adult sponsor of Orchard or any responsible adult person bearing this written authorization, into whose said care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed medical doctor or dentist.

Financial Responsibility

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

Risk

It is understood that while participation in activities at Orchard, my child is to follow the guidelines set by the adults in charge. Should my child not cooperate with these guidelines, I agree to pick up him/her from the activity.

Dispute

In the event a dispute arises between me and Orchard concerning injuries to my child/ward, then I agree that the dispute shall be resolved by an arbitrator acceptable to both sides. The cost of the arbitrator is to be shared equally by the parties. All applicable statutes of limitation shall apply and arbitration must be requested within the appropriate period in order to preserve a right to recovery.

Term of Agreement

This authorization will remain in effect through the period stated above while the minor listed above is involved or participating in any program or activity authorized by Orchard, unless revoked by the undersigned in writing and delivered to the agent of Orchard.

Signature	Relationship to Student	Date
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Emergency contact other than parent	Relationship	Home Phone	Cell Phone
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Doctor's Name	Doctor's Phone
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Medical Insurance Company.	Policy #	Group#
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