



541.772.8200
 PO Box 1369, Medford, OR 97501 www.heritagefellowship.net

2011
ANNUAL YOUTH WAIVER
 JANUARY 1, 2011 - DECEMBER 31, 2011

EACH K-12 GRADE CHILD IN YOUR FAMILY NEEDS A SEPARATE WAIVER

CHILD INFORMATION	NAME	_____		
	GRADE	MALE FEMALE _____	DATE OF BIRTH _____	AGE _____
	CELL #	() _____	HOME #	() _____
	ADDRESS	_____		
	CITY	_____	STATE	_____ ZIP _____
	E-MAIL	_____		

MOM / GUARDIAN INFORMATION	NAME	_____		
	CELL #	() _____	WORK #	() _____
	ADDRESS	_____		
	EMPLOYER	_____		
	E-MAIL	_____		

DAD / GUARDIAN INFORMATION	NAME	_____		
	CELL #	() _____	WORK #	() _____
	ADDRESS	_____		
	EMPLOYER	_____		
	E-MAIL	_____		

EMERGENCY CONTACT INFORMATION	NAME	_____	RELATIONSHIP	_____
	HOME #	() _____	CELL #	() _____
	ADDRESS	_____		
	EMPLOYER	_____	WORK #	() _____
	E-MAIL	_____		

HERITAGE CHRISTIAN FELLOWSHIP

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January 1, 2011 - December 31, 2011

MEDICAL INFORMATION	PHYSICIAN'S NAME _____ PHONE () _____
	ADDRESS OR CLINIC NAME _____
	DATE OF LAST TETANUS SHOT _____ MEDICAL ALERT _____
	ALLERGIES _____
	MEDICATIONS _____

HEALTH INSURANCE INFORMATION	CARRIER _____ GROUP # _____
	PHONE () _____ ID # _____
	ADDRESS _____
	INSURED'S NAME _____ EMPLOYER _____

PLEASE READ BEFORE YOU SIGN

- † The information I have provided on this form is accurate and up to date to the best of my knowledge. I give permission for my child to participate in all trips away from the church premises throughout this year. Children will be accompanied by a Youth Pastor or volunteer adult and will be under adequate supervision.
- † Although the church desires to provide a safe and enjoyable time for all children, accidents still can happen. I understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in these events, I agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I agree to hold harmless Heritage Christian Fellowship; its employees, agents, and representatives, including volunteers, and other drivers, from any and all claims arising from my child's participation.
- † In case of accident, illness, or other emergency, I request that the church contact me. I give permission for the church staff to call emergency medical services or a licensed healthcare provider or dentist. If a life-threatening emergency exists, I give permission for church staff to secure medical treatment immediately and then contact me as soon as possible, thereafter.
- † I authorize and consent to any X-Ray examination, anaesthetics, medical, dental, or surgical diagnosis or treatments, and hospital care which, in the best judgment of a licensed healthcare provider or dentist, is deemed advisable. I agree to be financially responsible for expenses including emergency medical transportation.
- † I grant Heritage Christian Fellowship permission to use my child's likeness, voice, and words in television, radio, film, on the church's printed materials, or on the church's website.

This Youth Waiver is in effect from January 1, 2011 - December 31, 2011

Please turn this waiver in to the Heritage Information Desk

SIGNATURE/ACKNOWLEDGEMENT

PARENT/GUARDIAN SIGNATURE

TODAY'S DATE

Thank You!