



PERSONAL CONTACT INFORMATION

Child's Name

Date of Birth

Grade (Fall 2024)

Address

City

State

Zip Code

Name of Parent or Legal Guardian (1)

Name of Parent or Legal Guardian (2)

Address

Address

City, State, Zip Code

City, State, Zip Code

Personal Contact Phone (cell / work number)

Personal Contact Phone (cell / work number)

Emergency Contact Name

Emergency Phone

STUDENT COVENANT

I agree to abide by the rules of Hillsboro Church of Christ and the Hillsboro Youth Group through maintaining Christian standards in my behavior. I understand that if I create a discipline problem that cannot be resolved, it may result in my parents or legal guardians being called to make arrangements for me to be taken home. I also understand that any damage I might cause to any Hillsboro Church of Christ property will be billed to my parents and is my responsibility for payment.

Student's Signature

Parent or Legal Guardian Signature

Date

All records of information will be held confidentially by an employee of Hillsboro Church of Christ or an adult chaperone in attendance at or within concordance of the Hillsboro Youth Group event. If you have any questions regarding any release of this information, please contact Hillsboro Church of Christ...



LIABILITY RELEASE FORM FOR HILLSBORO YOUTH GROUP

This instrument is executed by the undersigned in connection with the participation of his/her or their minor child in activities conducted by or in connection with the Hillsboro Youth Group (HYG) of Hillsboro Church of Christ (Hillsboro). In consideration for being accepted or permitted to participate by Hillsboro in an HYG sponsored event, we (I) being 21 years of age or older, do for ourselves (myself) and for and on behalf of our (my) child-participant who is not yet 21 years old, do hereby release, forever discharge, and agree to hold harmless HYG and Hillsboro, the directors thereof and the adult chaperones of Hillsboro, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and/or the child-participant while said child is participating with the Hillsboro Youth Group.

Furthermore, we (I) hereby assume all risk of personal injury, sickness and death, damage and expense as a result of our (my) child-participant's involvement with the Hillsboro Youth Group. HYG and Hillsboro acting by and through its employees or adult chaperones are hereby granted authority and permission to furnish any necessary transportation, food and lodging for our (my) child-participants in connection with any HYG sponsored event.

The undersigned further hereby agree to hold harmless and indemnify HYG, Hillsboro, its ministers, and the adult chaperones of the HYG sponsored event for any purported liability sustained as the result of the negligent, willful, or intentional acts of our (my) child-participant, including expenses incurred attendant thereto. Our (my) signature(s) below further evidence our (my) permission for the below named minor child to participate fully in the HYG sponsored event.

Print name of child-participant

Father's signature

Mother's signature

Legal Guardian's signature

MEDICAL HISTORY AND CONSENT FOR EMERGENCY CARE

I, the undersigned, am the parent or legal guardian of _____, a minor. In the event of a medical emergency, as determined by an employee of Hillsboro or an adult chaperone for the Hillsboro Youth Group, I hereby extend power of attorney for the authorization of medical care for the above named minor child at any hospital, clinic, doctor's office, or other medical facility. I assume full responsibility for any and all medical expenses incurred should medical care be needed.

The child's regular physician

Office telephone number

Insurance Company

Insured Person

Policy No. / Group No.

Child's Date of Birth

Date of Last Tetnus Vaccine

Date of COVID Vaccine (leave blank if not available)

Please answer the following questions in regards to the medical history of the student specifically named above...

1. Does your child have any known allergies? (ex: food, medication, pollen, insects, etc.) If yes, please explain...

2. Does your child have any existing or recurring medical conditions? (ex: asthma, epilepsy/seizures, heart conditions, diabetes, etc.) If yes, please explain...

3. Is your child currently taking any medications? If yes, please explain...

4. Does your child need adult supervision while taking the medications listed above? If yes, please explain...

5. Does your child need to be restricted from any rigorous activity? If yes, please explain...

6. Do participating families/students need to be aware of your child's conditions to better serve your child? If yes, please explain...

7. Please include any additional comments below...

SIGNATURE

Parent or Legal Guardian (please print full name)

Signature of Parent/Guardian

Date

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