Activity:	Activity Dates:

Grace Community Church Student Ministry Activity Participation Agreement

(To be turned in with deposit if applicable)

Participant Basic Information	
Full Name:	M/F: Date of Birth (MM/DD/YY):
School:	Grade (Current or Last Completed):
Home Address:	
City:	State: Zip Code:
Phone:email:	
Parent(s)/Guardian(s):	
Phone:email:	
Emergency Contact Information	
Name of emergency contact:	
Relation to participant:	Phone:
Participant Medical Information	
List all allergies or medical conditions:	
List all regular medications being taken:	*must be given to Chris VanDyke for distributio
Insurance Provider:	
	er:
Name of Physician:	Phone:
minor), and may result in various types of injury including, but not lim damage, and financial damage. In consideration for the opportunity to participate in the activity descinjury associated with participation in and transportation to and from for any injury or other loss sustained during transportation to and fro authorized by the sponsor or its agents, employees, volunteers, or an	ves risk to the participant (and to the participant's parent(s)/guardian(s) if the participant is a nited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property cribed above, the participant (or parent(s)/guardian(s)) acknowledges and accepts the risk of a the activity. The participant (or parent(s)/guardian(s)) accepts personal financial responsibility on the activity, as well as for any medical treatment rendered to the participant that is no other representatives (collectively referred to hereinafter as the "activity sponsor"). Further, demnify, defend, and hold harmless the activity sponsor for any injury arising directly or
indirectly out of the described activity or transportation to and from to or otherwise.	the activity, whether such injury arises out of the negligence of the activity sponsor, participant,
Participant Signature:	
Parent/Guardian Signature:	
Parent/Guardian Signature:	Date: