Lebanon Road Church of Christ Annual Medical/Liability Release Form

Student's Name:			Age _	Birth	ndate	
Student's Name: L _{AST}						
Year in schoolAddress	□ Male □ Female	Email				
Address		City		_ State	Zip	
Phone		Cell				
Medical insurance company Mother's name		Policy	y #	307 1		
Nother's name	Phone: Ho	me		Work _		
ather's name	Phone: Ho	me		VVORK _		
Emergency contact	Priorie. Ho	Office phon		WOIK		
Physician Dontist						
Dentist		Office priorit	·			
Medical History						
2. Does your child have any alle	ur knowledge, is your student □ fair swimmer □ n	a: non-swimmer ns, food, inse	ect bites)	? □Yes	□No	
	or has ever experienced, or is epsy / seizure disorder □ h nach □ physical handicap	eart trouble	d curren	tly for any of t □ diabetes	he following:	
Date of last tetanus shot:						
	□ glasses □ contact le	enses	□ none			
o. Does your child wear?						
	iny major illness during the la	st year?				
 Does your child wear? Has your child experienced a Additional comments: 	iny major illness during the la	st year?				

For your information, we expect each student to conform to these general rules of conduct:

No possession or use of alcohol, drugs, or tobacco
No fighting, weapons, fireworks, lighters, or explosives
No offensive or immodest clothing
No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
Participation with the group is expected
Respect property
Respect one another, staff, and adult leaders
Respect and comply with event schedules and rules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above ev group activities. I agree to abide by the stated personal limit			rmission to participate in youth	
Student's Name (printed):				
Student signature:	Date: _			
Activities may include, but are not limited to: cookouts, boar soccer, broomball, ice skating, volleyball, softball, baseball, studies, miniature golf, hayrides, student conferences, rock trips, sleep-overs, and more. Note: If you desire to limit you in writing prior to that event.	camping, skiing, snowl climbing, lock-ins, miss	boardi sion tri	ing, hiking, concerts, Bible ips, service projects, small grou	
	mission to attend all yo	uth ac	etivities	
Name of Student sponsored by the Lebanon Road Church of Christ from	<u>January 1, 2024</u>	to	<u>December 31, 2024</u>	
This signed consent form gives permission to seek whateve Lebanon Road Church of Christ and its staff of any liability				
I/We the undersigned have legal custody of the student nar attend events being organized by the Lebanon Road Churc involved in any ministry or athletic event, and I/we here and volunteer workers from any and all liability for any occur during the course of my/our child's involvement. a doctor, I/we consent to any reasonable medical treatment treatment is required from a physician and/or hospital personagree to hold such person free and harmless of any claims such consent. I/We also acknowledge that we will be ultimated to that medical care not be reimbursed by the health in provided transportation. In the event of an accident, I/we a its affiliates, accountable for any injury incurred by the stude provided above is accurate at this date and will, to the best above. I/we also agree to bring my/our child home at my/ou by a student ministries staff member. Parent/guardian name (printed): Parent/guardian signature:	th of Christ. I/We under by release the Church injury, loss, or damage In the event that he/sh that as deemed necessary onnel designated by the demands, or suits for a stely responsible for the disurance provider. I/we gree to not hold the Lek ent. Further, I/we affirm of my/our knowledge, so arrown expense should	rstand h, its in ge to pe e is in by a le Leba damage cost of agree panon n that	If that there are inherent risks ministers, employees, agents, person or property that may injured and requires the attention licensed physician. In the event anon Road Church of Christ, I/we ges arising from the giving of of any medical care should the eto allow him/her to use church Road Church of Christ, or any of the health insurance information in force for the student named	of of
Date:				

Lebanon Road Church of Christ 2307 Lebanon Road Nashville, TN 37214 615 883 6918