

# New Day Christian Fellowship Youth Activity Release Form

1312 2nd St. SE Auburn, WA 93002

<b>Name (First MI Last)</b>	<b>DOB</b>	<b>Gender</b>	<b>Age</b>
		M / F	
<b>Address (Street, City, State, Zip)</b>			
<b>Parent/Legal Guardian</b>	<b>Phone Number</b>	<b>Email Address</b>	
<b>Insurance Carrier</b>	<b>Insurance ID#</b>		
<b>Primary Care Physician</b>	<b>PCP Phone</b>	<b>PCP Clinic/Location</b>	
<b>Medical Information (Allergies, Medications, etc)</b>			
<b>Emergency Contact #1 (Other than above)</b>	<b>Phone Number</b>	<b>Relationship to Student</b>	
<b>Emergency Contact #2</b>	<b>Phone Number</b>	<b>Relationship to Student</b>	

<b>Event Name</b>	<b>Place</b>	<b>Event Date</b>

**Medical Release:** In the event of an emergency where medical treatment is required I give permission to NDCF personnel to obtain the services of a licensed physician.

**Initials of Guardian** \_\_\_\_\_

**Liability Release:** Inconsideration of the acceptance of this form, I do hereby for myself, my heirs, Executors and Administrators, waive , release, and forever discharge any and all claims with the rights for damages which I may have or which may hereafter accrue to me against New Day Christian Fellowship and their respective officers, Agents, Representatives, Successor, and/or assigns any damages and liabilities which may be sustained and suffered by me in connection with, participation in, or traveling to and from the event listed above.

**Initials of Guardian** \_\_\_\_\_

**SEE REVERSE TO COMPLETE**

**Transportation Release:** My child listed above has permission to be transported to and from the event listed above by a licensed adult driver.

**Initials of Guardian** \_\_\_\_\_

**Photography Release:** My child listed above has permission to be photographed at the event listed above and have the images used for promotional activities of NDCF or NDYM on the web, Facebook, or in print. (Only first names will be used)

**Initials of Guardian** \_\_\_\_\_

**Signature of Guardian**                      **Date**  
\_\_\_\_\_

**Signature of Youth**                      **Date**  
\_\_\_\_\_