

Coastal Community Church Activity Release Form

PARTICIPANT: _____ DATE OF BIRTH: _____ Gender: M F

ADDRESS: _____ PHONE # _____ Cell # _____

CITY: _____ STATE: _____ ZIP: _____

IN CASE OF MEDICAL EMERGENCY CONTACT

1st Contact: _____ email: _____

PHONE #1: _____ #2: _____ Relationship: _____

2nd Contact: _____ email: _____

PHONE #1: _____ #2: _____ Relationship: _____

MEDICAL, PICTURE/VIDEO AND RELEASE OF ALL CLAIMS

Please initial below that you have read and understand the following:

_____ In consideration for being accepted by Coastal Community Church for participation in sponsored activities, I, being 18 years of age or older, do for myself or on behalf of my child-participant (if said child is not 18 years of age or older), do hereby release, forever discharge and agree to hold harmless COASTAL COMMUNITY CHURCH, its ministers, staff, volunteers and directors thereof 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 that occur while said participant is participating in any trip or activity. Furthermore, I (and on behalf of my child-participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Furthermore, I authorize and give permission to said church to furnish any necessary transportation, food and lodging for this participant. I understand this release form will be in effect until I revoke its use.

_____ I give permission to publish pictures and/or videos of participant engaged in sponsored activities.

_____ I agree to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred thereto. (If participant has not attained the age of 18 years): I am the parent or legal guardian of this participant and hereby grant my permission for him/her to participate fully in activities of ministries and hereby give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume the responsibility of all medical bills, if any.

_____ Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs. I have read, understand and received a copy of the Participant's Guidelines.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature of participant
or Parent/Legal Guardian: _____ Date: _____

(if Participant is under 18 years of age, their Parent or Legal Guardian **MUST** sign above)

City of Virginia Beach, Commonwealth of Virginia at Large

I, _____, a Notary Public for the City and Commonwealth aforesaid,
(Notary's Name)

acknowledge that _____ personally appeared before me this
(Participant, Parent or Legal Guardian's Name)

_____ day of _____, 20____.

(Notary Signature and Seal)

Insurance, Physician and Medical Information

Participants Name: _____

Company: _____ Policy # _____

Primary Cardholder: _____ Relationship to participant: _____

Physician's Name: _____ Physician's Phone # (____) _____

Participant current medical condition: _____

Current Medications: _____

Over The Counter Medications participant may be given by Coastal Staff/Volunteer

Participant may be given: *(check only what may be given below without parent authorization)*

- Any OTC Medication**, Aspirin, Tylenol, Ibuprofen, Tums/Antacid, Gas Relief,
- Stomach Relief/Pepto, Allergy Relief, Sore Throat Spray, Hydrogen Peroxide,
- Rubbing Alcohol, Cough Drops, Calamine Lotion, Aloe Vera Gel, Petroleum Jelly,
- Anti Itch Cream, A & D Cream, Triple Antibiotic Ointment, Bactine, Muscle Rub Cream,
- StingEze, Antifungal Cream, Hydrocortisone Cream, Other _____

ALLERGIES (include food or drug allergies): _____

Medical/Behavioral history Coastal should be aware of: _____

Has the participant ever experienced a seizure: **Y N** Please explain: _____

Any other situations Coastal should be aware of: _____

Does participant have *(check all that apply)* contact lenses glasses hearing aid braces
 retainer crowns/bridge work dentures other _____



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(757) 233-1293

Office Hours:
Monday -Thursday 8:30am-4pm

www.vbcoastal.com

COASTAL COMMUNITY CHURCH PARTICIPANT'S GUIDELINES

- 1. CONDUCT:** Participant's conduct will be held to a higher moral standard and should be pleasing to their parents, their friends, Coastal Community Church and God.
- 2. USE OF ELECTRONIC EQUIPMENT:** Electronic devices, including cell phones, are only allowed at designated times.
- 3. POSSESSION OF UNAUTHORIZED SUBSTANCES:** Possession of TOBACCO– ALCOHOL– DRUGS of any type will be grounds for immediate dismissal from the event. (Proper paperwork must be completed for ALL Rx or OTC medications and must be turned into staff. Exceptions will be made for inhalers, Epi Pens, etc.)
- 4. SCHEDULED EVENTS:** Agendas are to be strictly observed and participants must be on-time and participate in all group activities, check-ins, meals, arrivals and departures.
- 5. CLOTHING:** Participants must adhere to the Dress Code provided by each individual event coordinator.
- 6. BOYS ARE NOT PERMITTED IN GIRL'S ROOMS OR GIRLS IN BOY'S ROOMS.**

VIOLATION PROCEDURES FOR ANY INFRACTION OF GUIDELINES:

- 1st occurrence:** Participant will be confronted with violation by an adult leader. Parents will be notified after their student returns home.
- 2nd occurrence:** Parent/Guardian will be notified immediately of participant's conduct.
- 3rd occurrence:** Participant will be sent home. Participant may be temporarily suspended from participating in some future activities.

SERIOUS VIOLATIONS:

POSSESSION AND/OR USE OF ALCOHOL/DRUGS, PROMISCUOUS BEHAVIOR, AND OPEN DEFIANCE TO LEADERSHIP

Parent/guardian will be notified immediately of the violation and will be required to make prompt arrangements for participant to return home.

Parents, please review THESE GUIDELINES with your child(ren) and sign on first page that you and your student understand them and agree to comply with them.

PLEASE KEEP THESE GUIDELINES FOR FUTURE REFERENCE AND FOR DETAILED DISCUSSION TIME WITH STUDENTS.