

ROSS ROAD Student Ministries

Information and Medical Form

Name (first and last): _____
Birthdate: _____
Age: _____ Sex: M F
Grade: _____ School: _____
Email: _____

Parent's name: _____
Address: _____ P.C. _____
Phone number: (604) _____ Cell: _____
Email: _____

Care Card #: _____

Emergency contact, other than parents:
Name: _____
Phone #: _____

Additional medical info. we should be aware of:

PLEASE COMPLETE BOTH SIDES!

RRCC Student Ministries
3160 Ross Road • Abbotsford BC • V4X 1G4
☎ 604-856-2024 holly@rossroadcc.ca

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Ministry Consent Form

I (We), _____ hereby give consent that my (our)
(Parent/Legal Guardian Printed)
child, _____ can participate in the activities planned and
(Child's Name Printed)

carried out by the student ministries of Ross Road Community Church in 2018-2019. I (We) hereby release Ross Road Community Church, it's sub-ministries, all staff and volunteers from all liability in regard to personal injury, sickness or death incurred by my (our) child while participating in church sanctioned events.

Furthermore, I (we) assume all risk of personal injury, sickness, death, damage and expense as a result of participation in activities sanctioned by the church.

Further, authorization and permission is hereby given to Ross Road Community Church to furnish any necessary transportation for activities sanctioned by the church. I (we) give permission for my child to be transported by vehicle or bus, driven by anyone, including the youth staff, parents of youth, or another qualified member of RRCC to the RRCC events that our child attends, including retreats. We (I), hereby release RRCC and its youth volunteers from all claims for damages arising from accidents, injuries, or death resulting during the course of transportation.

I (We) hereby grant permission for immediate medical attention to be given to my (our) child, as is deemed necessary by the youth staff in charge, contact with parents will made as soon as possible.

I have read this form and understand the terms within it.

Parent/Legal Guardian name
(Please print)

Signature

Date

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