

# '22-'23 Release Form

Messiah Christian Reformed Church  
For all activities sponsored by Messiah CRC  
between May 1, 2022—October 1, 2023.  
(or future dates - see signatures on the back)  
\*\*remember to fill out both front and the back\*\*

Student Name: \_\_\_\_\_

Emergency Contact  
Number: \_\_\_\_\_

(Only one form needed across all Messiah CRC ministries)

## General Information—Please Print Legibly

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Birth Date (mm/dd/yyyy):        /        /

Grade ('22-'23 school year): \_\_\_\_\_ Gender: Male / Female

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Person to Notify: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

### Release Form for Minor Child (aged 17 and under)

I hereby certify that I am the parent or legal guardian of the above named participant and I give my permission for him/her to take part in any activities sponsored by Messiah Christian Reformed Church (MCRC) including travel to and from activities across state lines and international borders. I am aware that there may be risks and dangers which I will assume personal responsibility for and will release and agree to indemnify and hold harmless MCRC, its officers and directors, employees and any parties volunteering on behalf of MCRC from all actions (including, but not limited to, personal injury, property damage, or wrongful death), costs, expenses or damages of any kind growing out of or related to any activities (on or off church grounds), transportation to and from activities, or for any liability sustained by MCRC as a result of the negligent, willful or unintentional acts of said participant, including expenses incurred thereto. In case of any incident involving injury to my son/daughter, I give my permission for the leaders and volunteers to seek and permit medical assistance as they see fit and I will 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 incurred.

*Both parents must sign this form unless the parents are separated or divorced, in which case the custodial parent must sign.*

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Second Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### Student aged 18 (or older) or Leader

I hereby certify that to the best of my knowledge I am in a state of health sufficient for me to take part in any of the activities sponsored by the Messiah Christian Reformed Church (MCRC) without jeopardizing my well being. I am aware that when taking part in activities like this there may be risks and dangers which I will assume personal responsibility for and will release and agree to indemnify and hold harmless MCRC, its officers and directors, employees, and any parties volunteering on behalf of MCRC from all actions (including, but not limited to, personal injury, property damage, or wrongful death), costs, expenses or damages of any kind growing out of or related to any activities (on or off church grounds), transportation to and from activities, or for any liability sustained by MCRC as a result of any of my negligent, willful or unintentional acts, including expenses incurred thereto. In case of any incident involving injury, I will assume the responsibility of all medical bills, if any. Further should it be necessary for me to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs incurred.

Signature of Participant or Leader: \_\_\_\_\_

Date: \_\_\_\_\_

## Medical Information

Health Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date of last Tetanus Shot (mm/dd/yyyy):     /     /

Group Number: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Please list any physical limitations that might hinder participation in activities (allergies, asthma, migraines, etc.)

## Medications

If this person takes medication on a regular basis, please list medications and doses that are taken regularly:

Medication #1: \_\_\_\_\_

Dosage: \_\_\_\_\_

Specific times taken each day: \_\_\_\_\_

Reason for Taking: \_\_\_\_\_

Medication #2: \_\_\_\_\_

Dosage: \_\_\_\_\_

Specific times taken each day: \_\_\_\_\_

Reason for Taking: \_\_\_\_\_

## Allergies

List all known and describe reaction and management of the reaction.

Medication Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

## Media Release

Please sign this confirmation which allows MCRC to include photos or other media (audio or video) of your child on our print and public display publications (Brochures, Promos, Event Flyers, Webpage, etc.). *No specific information will be given about your child in our public materials.*

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Release Contiguity (for future years)

If your information is unchanged, you may resign this document each year using the lines provided below - Messiah members, we will return the form to you before the start of ministry each Fall. You may also submit a new form annually if you prefer. Please check the box, sign and date each year **not more than one month prior to the stated dates**.

Make this effective 5/1/23-10/1/24 - Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Make this effective 5/1/24-10/1/25 - Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Make this effective 5/1/25-10/1/26 - Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**If you have questions about any portion of this form, please contact Fig VanderMolen at 616-669-9091.**

## Medical Information

Health Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date of last Tetanus Shot (mm/dd/yyyy):     /     /

Group Number: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Please list any physical limitations that might hinder participation in activities (allergies, asthma, migraines, etc.)

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Reason for Taking: \_\_\_\_\_

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Dosage: \_\_\_\_\_

Specific times taken each day: \_\_\_\_\_

Reason for Taking: \_\_\_\_\_

## Allergies

List all known and describe reaction and management of the reaction.

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Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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Make this effective 5/1/23-10/1/24 - Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Make this effective 5/1/24-10/1/25 - Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Make this effective 5/1/25-10/1/26 - Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Make this effective 5/1/26-10/1/27 - Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Make this effective 5/1/27-10/1/28 - Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Make this effective 5/1/28-10/1/29 - Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**If you have questions about any portion of this form, please contact Fig VanderMolen at 616-669-9091.**