



Integrity

Christian School

The Cornerstone/Integrity Christian School Release/Disclaimer of Liability:

My child (*print child's Name*) _____, in consideration of the benefits derived from participation in any event (the "event") administratively organized by *Anaheim East Foursquare Church/Integrity Christian School*. I/we hereby voluntarily release, acquit and forever discharge *Anaheim East Foursquare Church/Integrity Christian School* and its officers, employees and agents, from any and all manner of suits, actions, claims, demands, and liabilities which may arise from my and/or my child's participation in the event.

I understand that this document constitutes a full and complete waiver and release of all possible claims, suits, actions and liability, including but not limited to, claims for damage to myself and/or my child, as well as claims for damage or loss to my property arising from the negligence of *Anaheim East Foursquare/Integrity Christian School*, or the negligence of any officers, directors, employees or agents of *Anaheim East Foursquare Church/Integrity Christian School*.

This Release/Disclaimer of Liability shall continue in full force and effect from the month of August 15, 2011 through the month of August 15, 2012. I further understand that this Release/Disclaimer shall apply to all events sponsored or organized by *Anaheim East Foursquare Church/Integrity Christian School* and not just the event specifically described herein above or on the back side of the document.

Consent For Medical Release:

(I) (We) , the undersigned, parent(s) of _____ (*Print child's name*) a minor, do hereby authorize the person presenting the form to call a physician and do consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable for (my) and/or (our) child.

This authorization is given pursuant to the provisions of section 6910 of the Family code of California, which provides: " The parent or guardian of a minor, may authorize in writing an adult of whose care a minor has been entrusted to consent to medical care or dental care or both, for the minor."

PARENT/LEGAL GUARDIANS SIGNATURE

DATE

PARENT/LEGAL GUARDIANS SIGNATURE

DATE

PLEASE FILL OUT BACK SIDE OF THIS FORM

REGISTRATION CONSENT FORM 11/12

MEDICAL CONSENT FORM *(Please Complete)*

Required by California State Law for Participants under 18 yrs of age. (Child's Birth date) _____

I give my permission for (child's name), _____ to take part in **any/all events for one year** - August 15, 2011 through August 15, 2012 for The Cornerstone Church (Anaheim East Foursquare Church/Integrity Christian School).

EMERGENCY INFORMATION

CHILD'S NAME	M / F	AGE	GRADE IN FALL
ADDRESS	CITY	STATE	ZIP
PHONE			

PARENT'S NAME(S)			
ADDRESS	CITY	ST.	ZIP
PHONE () -	WK PHONE () -	CELL () -	
ALTERNATE CONTACT	RELATION TO CHILD	PHONE () -	
DOCTOR'S NAME	PHONE		
ADDRESS	CITY	ST	ZIP
DENTIST'S NAME	PHONE		
ADDRESS	CITY	ST	ZIP

HEALTH INFORMATION:

Insurance Carrier _____ Policy/Group # _____

Allergies

- () Drug Allergies
- () Asthma
- () Hay Fever
- () Insect Stings
- () Other

Major Problems

- () Diabetes
- () Cardiac
- () Chronic Asthma
- () Nervous Disorder
- () Epilepsy

- () Physical Handicap
- () Emotional Handicap
- () Seizure Disorder
- () Other

Date of last Tetanus Shot _____

If you have checked any of the above please give details. (use separate sheet if necessary)

Child's Activity Restriction(s) _____

Important: Please notify The Cornerstone Church (Anaheim East Foursquare Church/Integrity Christian School) immediately if your child has been exposed to a communicable disease during the three weeks prior to event attendance.

This health information is correct, as I know, and the child or person herein described has permission to engage in any and all activities. I hereby give my permission to the physician selected by The Cornerstone Church (Anaheim East Foursquare Church/Integrity Christian School) to hospitalize, secure proper treatment, including but not limited to administering injections, anesthesia or surgery for my child or myself as deemed necessary. I also authorize the nurse on duty to administer medical aid as required for illness or injury under a physicians orders.

_____ Date _____

Print Name of Parent/Legal Guardian

_____ Date _____

Signature of Parent/Legal Guardian

PLEASE FILL OUT FRONT SIDE OF THIS FORM