



Agape Youth Ranch Mission Trip March 12-15

CONSENT TO TREATMENT OF A MINOR

As Parent/Guardian of the afore-named participant, I hereby authorize a duly authorized representative of Grace Community Church to secure any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician or surgeon in which the medical care is being sought and on the medical staff of any hospital; or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the participant by any licensed dentist in which dental care is being sought.

It is understood that this authorization is given in advance of any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of Grace Community Church to give specific consent to any or all such examinations, anesthetic, diagnosis, treatment, or hospital care which the surgeon, physician, or dentist, in the exercise of his/her best judgement, may deem advisable. The Parent/Guardian hereby agrees to fully pay all costs of the medical or dental care incurred for the participant by Grace Community Church under this authorization.

****Parent/Guardian Signature** _____

PARENT/GUARDIAN WAIVER

In consideration of your accepting me or my child for participation in the above-named activity, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization and its agents, employees, representatives, successors and assigns for any and all injuries suffered by my child that arise out of the above-named activity sponsored by the above-named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named organization or damages arising out of the above-named activity, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

****Parent/Guardian Signature** _____

DISCIPLINARY RELEASE

I agree to pay any expenses including the cost of my child being sent home if disciplinary action is deemed necessary. The parents of those students not at the car/bus within a reasonable allowance of the designated time will be notified that they must arrange for their student's transportation home.

****Parent/Guardian Signature** _____

Agape Youth Ranch

What:

Agape Youth Ranch is a
Ministry for at risk teens.
We serve this
ministry through various work
projects on their Ranch.

When:

Friday, March 12th:
Meet at Dorsey Center
at 5:00pm
Monday, March 15th:
Return to Dorsey
at 3:00pm

Bring:

Bible/notebook/pen
sleeping bag/pillow
towels/toiletries
Work Project Clothes
Work Boots or closed toed shoes
Work Gloves
Sunscreen

Cost:

\$80.00
There is limited space available
Sing up ASAP!!!
First come first serve.

Don't Bring:

electronics/cell phones
tobacco products
illegal drugs
weapons/ firearms
Including pocket knives

Complete and return lower portion completely filled out with your payment.
All Three parent signatures are required on the back of this form.

Registration Form:

Name: _____ Birthdate: ____/____/____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

In Case of Emergency, Contact: _____

Relationship to Participant: _____

Phone: _____ Alternate Phone: _____

Health insurance Co: _____

Ins. Co. Phone: _____

Policy/ID#: _____ Group # _____

Family Dr: _____ Phone: _____ Date of last tetanus shot: ____/____/____

Allergies/Treatment: _____

Activity Name: Agape Youth Ranch

Date: March 12-15 2010