

Light On A Hill Church

First Name	Middle Initial	Last Name	
Birth Date	Age Durir	Age During Activity	
Address			
City		State	Zip
Has approval to participate in (name	e of activity)		
From (date)	To (date)		
I understand that participation in church active emotional challenges in the activities involved understand that participation in these activities standards of conduct.	d. Information about those activitie	es may be obtained from Light On	A Hill Church. I also
In case of an emergency involving my child, I is hereby given to the medical provider to set for my child. Medical providers are authorize health care provider involved in providing me (PCH/CHI) under the Standards for Privacy of time to time, includes examination findings, t follow-up and communication with the partic program activities.	ture proper treatment, including hi d to disclose protected health infor edical care to the participant. Prote Individually Identifiable Health Info est results, and treatment provide	ospitalization, anesthesia, surgery rmation to the adult in charge and cted Health Information/Confide ormation, 45 C.F.R 160.103, 154.5 d for the purposes of medical eva	 or injections of medication d/or any other physician or ntial Health Information seq., as amended fror lluation of the participant,
In consideration of the benefits received by prisks associated with programs and activities, on behalf of my child, I hereby fully and complight On A Hill Church, employees, volunteers associated with any program or activity.	including preparations for and tra- pletely release and wave any and a	nsportation to and from the activ Il claims for personal injury, death	ity, on my own behalf and/or n, or loss that may arise agains
Note: Light On A Hill Church cannot continual parents or medical providers. List any restrict your child to comply with those restrictions.			
List participant restrictions, if any: _			
Participant's Signature		Date	
Parent/Guardian Printed Name	Parer	nt/Guardian Signature	Date
Area Code and Phone Number for e	mergency contact	_	