



Santa Cruz Bible Church. 440 Frederick St. Santa Cruz, CA 95062
Phone (831) 429-1162 FAX (831) 429-9575

MEDICAL AND LIABILITY RELEASE

CHILD'S NAME: _____ AGE: _____ BIRTHDATE: _____
ADDRESS: _____ [] MALE [] FEMALE
CITY: _____ STATE: _____ ZIP: _____
SCHOOL ATTENDING THIS YEAR: _____ GRADE: _____
CHURCH : _____ SIBLINGS: (names & ages) _____
Parents or Guardians Names: _____
PHONE: () _____ WORK PHONE: () _____
Local Person to contact if you cannot be reached in the event of an emergency:

HEALTH HISTORY (please explain any condition we should be aware of): _____
Allergies (insect stings, drugs, food, etc.): _____ Normal Treatment: _____
Medications Currently taking _____ Blood Type: _____
Any other conditions (heart condition, diabetes, asthma, epilepsy, etc.): _____

LIABILITY RELEASE

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, you agree to assume and accept all risks and hazards inherent in church-related social and sport activities including transportation to and from activities. You also agree that you will not hold Santa Cruz Bible Church or its employees or volunteer assistants liable for damages, losses or injuries to the person named on this form. You understand that this form and your signature are for both medical and liability release.

MINOR'S LIABILITY RELEASE

(Please fill out both sections)

I give permission for my child, _____, to participate in all activities as part of the ministry of Santa Cruz Bible Church of Santa Cruz, California. As parent or legal guardian of said minor, I accept full responsibility for my child's participation in S.C.B.C. activities including transportation to and from any location in connection with S.C.B.C. events. I will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release S.C.B.C. from any liability. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any person standing loco parent is to my child pursuant to A.R.S.S 44-133. It is understood that my child will obey all regulations and follow instructions of the leaders. I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary.

The above Liability and Medical Release covers any and all activities sponsored by or associated with SCBC.

INSURANCE:

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while participating in activities or on the church premises.

Medical Insurance Company Name: _____ Address: _____
Policy # _____ Plan: _____
Phone # _____ Name of Plan _____
Parent/Legal Guardian Signature: _____ Date: _____
Print Name: _____

Awana Registration Fees:

- Cubbies: (3 1/2 years—Pre K) \$35 Includes Uniform, handbook, book bag, craft Supplies, snacks and awards.
Sparks K—Sparks 1st—Sparks 2nd \$35 Includes Uniform, handbook, book bag, theme night supplies and awards.
Truth & Training (3rd—4th grade) \$40 Includes Uniform, handbook, book bag, project materials, incentives, refreshments and awards.

This Registration Fee covers the Awana Year which runs from September through May. Your child will enjoy Christ-centered, fun-filled nights where they will build relationships with other children, their adult leaders and with the Lord. If this fee is a hardship for you, scholarships are available.

Registrar only:

Trial period _____ 1st Time Visitor _____ Amt. Paid _____ CK# _____ Cash _____ Pay Later _____ Scholarship _____