

NALL AVENUE BAPTIST CHURCH

6701 Nall Avenue · Prairie Village, KS · Phone (913) 432-4141 · www.nallave.org

Student Activity Enrollment Form / Liability Waiver / Consent for Medical Treatment

I) Term: This agreement is valid for a 13-month period beginning May 2021 through May 2022.

II) Student/Child Information

Last Name: _____

First Name: _____

MI: _____

Gender: (Circle) Male Female

Date of Birth: ____ / ____ / _____

Address: _____
Street, City, State, ZIP

Main Phone: ____ - ____ - _____

III) Release of Liability

As the undersigned adult I affirm that I am the parent and/or legal guardian of the above referenced minor (Child). I hereby grant permission for Child to participate in activities, events or trips that are conducted, organized and/ or sponsored, in whole or in part, by Nall Avenue Baptist Church (Nall). In consideration of Child being permitted to participate in activities, events or trips I hereby release and hold harmless Nall, it's officers, Deacons, directors, employees, agents, representatives and volunteers from any and all liability for any resulting damage or injury that Child may incur.

- 1) I understand that this Release and Waiver of Liability applies to all activities, events and trips and that some activities such as skiing, hiking, swimming, etc., carry with them a higher risk for serious injury.
- 2) I understand that as a result of participating in activities, events or trips my child may be transported by bus, car, or van and that in certain instances transportation may include train or air travel.
- 3) I understand that some events, activities or trips involve overnight or multiple night stays that may be in states other than Kansas or Missouri, and that, in the case of mission oriented trips, travel may be outside the United States.

IV) Agreement to be held responsible for Child's behavior and actions.

I understand that all Nall activities, events and trips are alcohol free, smoke free, and drug free and are governed by generally accepted rules of conduct and behavior.

- 1) I hereby agree to be held liable for Child's actions and release Nall from any liability for Child's actions, in the event that such actions or behavior causes damage or injury to property or person.
- 2) I acknowledge that Nall reserves the right to restrict Child's involvement in any activity, event or trip, in whole or in part.
 - a) I further acknowledge that Nall reserves the right to send Child home from any activity, event or trip in which Child has violated rules of conduct including, but not limited to: drugs, alcohol, weapons, and/or the blatant disrespect for authority. I agree to be financially liable for the cost of travel, accommodations and other expenses that may be incurred as a result of Child being sent home from an activity, event or trip.

V) Emergency Contact: In the event I need to be contacted I can be reached at:

Home Phone: _____ - _____ - _____

Office Phone: _____ - _____ - _____

Cell Phone 1: _____ - _____ - _____

Cell Phone 2: _____ - _____ - _____

VI) Consent for Medical Treatment.

In the event of an accident or injury to my Child, authorization is hereby given to an appropriate adult representative or chaperone of Nall Avenue Baptist Church to do or arrange for any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power; (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

1) I agree to be responsible for costs incurred as a result of medical treatment or hospitalization for Child.

Signature of Parent / Guardian: _____

Date: _____

Print Name: _____

Relationship to Minor Child: _____

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Spring 2021 - Spring 2022

SUPPLEMENTAL INFORMATION

Last Name: _____

First Name: _____

MI: _____

Date of Birth: ____ / ____ / _____

Primary Care Physician: _____

Physician Phone: ____ / ____ / _____

Date of last tetanus booster: ____ / ____ / _____

Primary Dentist: _____

Dentist Phone: ____ - ____ - _____

Orthodontist: _____

Ortho Phone: ____ - ____ - _____

Medication Allergies:

Medical Conditions & Other Allergies:

Medications:

Insurance Information: (Carrier / Policy Number / etc.)

In the event of an emergency, if I cannot be contacted at the phone numbers I have provided I would like Nall to contact:

Alternate Contact #1

Name (First and Last): _____

Address: _____

Relationship: _____

Home Phone: ____ - ____ - _____ Other Phone: ____ - ____ - _____

Alternate Contact #2

Name (First and Last): _____

Address: _____

Relationship: _____

Home Phone: ____ - ____ - _____ Other Phone: ____ - ____ - _____

Signature of Parent / Guardian _____

Date _____